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UNITED STATES PATENT APPLICATION

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For: PATIENT CARE AND COMMUNICATION SYSTEM

Inventors: John Chaco
Israel Hersh
Dmitry Orlovsky
Yaron Ram
Joe Vincens

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PATIENT CARE AND COMMUNICATION SYSTEM

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CROSS REFERENCE TO RELATED APPLICATION

5 This application is a continuation-in-part of
Application Serial No. 08/087,394, filed July 2, 1993, and
is a continuation-in-part of Application Serial No.
08/033,287, filed March 16, 1993, which is a continuation-
in-part of copending Application Serial No. 07/924,101,
filed August 3, 1992, which is a continuation-in-part of
Application Serial No. 07/559,196 filed on July 27, 1990.

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BACKGROUND OF THE INVENTION1. Field of the Invention

15 The present invention relates to a patient care
and communication system which incorporates telephone
communication therein. The system utilizes a PBX to provide
staff-to-staff, staff-to-patient and/or external telephone
communications. The system is also capable of performing
tasks such as monitoring medical equipment in patient rooms
and maintaining patient medical data; facilitating staff-to-
20 staff or staff-to-patient visual and data communications;
and tracking the location of staff members or patients to
provide maximum patient care. More detailed descriptions of
the staff-patient communications and the monitoring of the
medical equipment is provided in Application Serial No.
25 08/033,287, filed March 16, 1993 which is incorporated
herein by reference. A more detailed description of the
system for tracking the location of personnel is provided in
Application Serial No. 08/087,394, filed July 2, 1993 and
Application Serial No. 07/924,101, filed August 3, 1992 both
30 of which are incorporated herein by reference.

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2. Description of the Related Art

1 In hospital or other health care environments, the
nursing staff as well as other staff members are required to
maintain and update patient information, provide patient
care, and assist physicians in the treatment of patients.
5 Often, these tasks have to be performed even though there
are personnel shortages. Further, as medical technology
continues to develop to provide treatment for a greater
number of medical conditions, the volume of information that
is maintained for each patient continues to grow rapidly.
10 As a result, stress on the nursing staff has increased and
information overload is fast approaching.

 To more fully understand the above problem
relating to health care, consider the types of data which
are maintained for an individual patient. Typically, the
15 staff members need to know the patient's name and address as
well as any special dietary, environmental or physical space
requirements of the patient. The attending physician or
nursing staff may want to know the patient's condition,
medical history and recent vital sign data. If the patient
20 has had any diagnostic tests such as x-rays or ultrasound
images made at the hospital, or at any other hospital, the
attending physician may want to compare these test results
with the results of newer tests to see how the patient's
condition has progressed. In addition, if any medication
25 has been prescribed, the physician or nursing staff may want
to know the identity of the medication, when the last dose
was taken and how the patient has complied with the dosage
schedule.

30 Current systems utilized to manage such
information includes the manual writing and processing of
the information. Electronic systems utilized to process and
store the information involve multiple computers, each

1 configured to process portions of the vast amount of
information. To obtain all the information in one place the
information stored in each computer system must be manually
combined. Furthermore, such electronic systems do not
5 provide visual displays of text at stations provided in the
patient's room, at the nurse control station or at stations
provided in areas of the health care facility frequently
occupied by the health care personnel.

10 In addition to processing the above information,
the nursing staff attending to a number of patient's rooms
may want to have some indication of each patient's condition
at nursing stations which are far removed from the patient's
bed. For example, if the patient has been admitted for a
heart condition, it would be helpful if any recent vital
15 signs that may indicate the onset of a heart attack could be
displayed at the nurses station when the patient presses a
call button.

20 One such system described in U.S. Patent No.
4,835,372 to Gombrich et al. relates to a patient
identification system for relating items with patients and
for ensuring that an identified item corresponds to an
identified patient. The system includes a computer system
interconnected to a plurality of remote terminals by
conventional telephone wiring. A RF modem provides for
25 transmission and reception of RF signals to and from a bar
code reading device, and the RF modem provides for
transmission and reception of signals via existing telephone
wire to and from the computer system using data over voice
technology.

30 Another problem faced by care givers and by
hospital administrators is determining the location of key
personnel and equipment. In an emergency or during periods
of personnel shortages, the ability to quickly locate an

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1 attending physician or other staff member to provide maximum
patient care is desirable. Moreover, when special equipment
is required to treat an emergency condition or when a ward
of a hospital is experiencing personnel shortages, it is
5 desirable that the equipment be quickly located to reduce
the time spent to locate the equipment.

One type of system utilized to locate personnel
within a hospital or other health care facility relies on
audio paging systems, sign-in and sign-out sheets and
10 broadcast paging systems. In a given situation, the audio
paging system would be tried first. This system may not be
effective if the person to be located is in an area where
the paging system is not functioning properly or has been
turned down, or if the person has left the hospital. After
15 an unsuccessful audio page, the sign-in and sign-out sheets
may be checked. If, however, the person to be located
forgot to use the sign-in sheet or sign-out sheet, critical
time may be lost in a second attempt to use the audio paging
system. In addition, a search of the sign-in and sign-out
20 sheets may require more time than is available in an
emergency situation.

When the person to be located is outside of the
hospital, broadcast paging systems are often the best way to
convey an important message. These systems require the
25 individual trying to locate the person to call the paging
service, leave a message, wait for the paging service to
send the message to the individual's pocket pager and then
wait for the person being paged to call the paging service,
receive the message and respond.

30 Another type of currently used locator system
utilizes either radio frequency signals or infra-red signals
to communicate the position of a mobile individual or object
to a network of stationary transceivers. One such system,

1 the InfraCom locating and signaling system available from
United Identification Systems Corp. is designed for use in a
hospital environment. Using this system, a network of
5 infra-red transceivers located throughout a hospital can
both transmit data to and receive data from a portable badge
worn by hospital personnel or attached to the equipment to
be located. This badge transmits a programmed
identification signal to the network allowing the position
of the badge to be indicated on a display of the floor plan
of the hospital.

10 Another exemplary system, the TELOC PLUS personnel
locator system available from Teloc, Inc., also uses two-way
infra-red signaling to communicate the position of a
portable badge in a stationary transceiver. In addition,
15 the Teloc system may be coupled to a private branch exchange
(PBX) to allow telephone calls from an individual to be
routed to the telephone that is closest to the badge or to
direct an intercom message to that telephone, thus providing
an alternative to an audio paging system. Each of these
20 systems is limited in the type of information that may be
conveyed between the stationary transceiver network and the
transceiver on the badge. In the described systems, only
identification information providing an indication that
switches, which are located on the badge have been
25 activated, may be transmitted from the badge. Furthermore,
if the transceiver on the badge fails or is damaged, a blank
badge must be programmed to take its place. This program
operation may be time consuming, leaving the individual or
the piece of equipment invisible to the locating system for
30 that period of time.

Therefore, a need exists for a patient care and
communication system which integrates a staff locating
system with a system which facilitates visual and data

1 communications between staff members and patients and which
maintains patient data. A need also exists for a patient
care and communication system which utilizes a private-
branch exchange to provide staff-to-staff, staff-to-patient
and/or external communications. The present invention
5 provides a patient care and communication system which
provides communications through a PBX and which is capable
of performing tasks such as monitoring medical equipment in
patient rooms and maintaining patient medical data,
10 facilitating voice, visual and data communications between
staff members and the patients, as well as a system for
tracking staff members to provide maximum patient care.

SUMMARY OF THE INVENTION

15 The present invention relates to a patient care
and communication system which includes a central station
having means for facilitating visual and data communications
relating to health care and a plurality of remote stations
connected to the central station. The remote stations,
20 include processing means for facilitating the visual and
data communications and display means for displaying the
visual communications.

The central station includes means for determining
which of the plurality of remote stations are transmitting
the visual and data communications and which of the
25 plurality of remote stations are to receive the visual and
data communications. In addition, the central station
includes means for establishing a communication link between
the transmitting stations and the receiving stations, and
each of the plurality of remote stations includes telephone
30 circuitry for connection to a private-branch exchange for
telephone communications therebetween.

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Preferably, the plurality of remote stations
1 includes control stations, patient stations and staff
stations and the central station includes means for
directing the visual and data signals transmitted to the
control stations to a predetermined number of patient
5 stations and a predetermined number of staff stations.

The present invention also provides a patient care
and communication system where the plurality of remote
stations are configured and adapted for association in a
group network such that predefined visual and data signal
10 communications are transmitted to each station in the group.
Zone controller means are provided to interface the central
processing means to the transmitting and receiving stations.

In the preferred embodiment, the central station
also includes means for controlling the private-branch
15 exchange to establish audio communication between a
predetermined number of control stations, a predetermined
number of the patient stations and a predetermined number of
the staff stations.

The patient stations of the present invention
20 include patient control means which is connected thereto and
provide a remote communication link between the patient and
staff members or the patient and outside callers. The
patient control means has a keypad, a speaker and a
microphone for telephone communications to other stations or
25 for external telephone communications. It should be noted
that external communications includes telephone
communications from within the hospital environment to
locations outside the hospital environment, generally via
public telephone lines.

30 The system of the present invention also relates
to a method of providing patient care and communication
between patient rooms and nurse stations in a health care

1 facility. The method includes the steps of connecting a
plurality of remote stations to a central station so as to
facilitate visual and data communications therebetween, and
connecting each remote station and the central station to a
5 private-branch exchange for audio communications between the
remote stations. At least one of said plurality of remote
stations is positioned in each patient room located within
the health care facility, positioning at least one of said
plurality of remote stations in each nurse station of said
10 health care facility, attending the remote station in each
nurse station to receive the visual and data signals from
said central station and the audio signals from the PBX and
responding to the audio, visual and data signals.

BRIEF DESCRIPTION OF THE DRAWINGS

15 The preferred embodiments of the invention are
described hereinbelow with reference to the drawings
wherein:

Fig. 1 is an illustration of the components of one
embodiment of the patient care and communication system
20 configuration of the present invention;

Fig. 2 is a functional block diagram of an
alternative embodiment of a system configuration of the
present invention;

25 Fig. 3 is a functional block diagram of an another
alternative embodiment of a system configuration of the
present invention, illustrating grouping arrangements for
the stations;

Fig. 4 is a functional block diagram of an another
alternative embodiment of a system configuration of the
30 present invention;

Fig. 5 is a circuit block diagram for the central
processing unit illustrated in Fig. 1;

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1 Fig. 6 is flow-chart diagram for the central
processing unit illustrated in Fig. 1;

Fig. 7 is a block diagram for the fail safe
feature associated with the system of the present invention;

5 Fig. 8 is a flow-chart diagram of the fail safe
feature illustrated in Fig. 7;

Fig. 9 is a functional block diagram of a system
configuration similar to Fig. 1, illustrating a patient
station having peripheral equipment connected thereto;

10 Fig. 10 is a block diagram for the nurse control
station illustrated in Fig. 1;

Fig. 11 is a circuit block diagram for the audio
circuitry of the keyboard of the nurse control station
illustrated in Fig. 1.

15 Figs. 12 and 13 are circuit block diagrams for the
internal circuitry for the patient stations illustrated in
Fig. 1;

Figs. 14a and 14b illustrate an exemplary flow-
chart diagram of an operation of the patient station of Fig.
1;

20 Fig. 15 is a flow-chart diagram associated with
the internal circuitry for the patient stations illustrated
in Fig. 1;

Figs. 16 and 17 are circuit block diagrams for the
internal circuitry for the staff stations illustrated in
Fig. 1;

Figs. 18, 19 and 20 are tables which illustrate
various call indications and associated tones generated by
the stations in response to a particular call condition;

30 Fig. 21 is flow-chart diagram for the central
processing unit illustrated in Fig. 12; and

Fig. 22 is a circuit diagram for the patient
control unit illustrated in Fig. 10 and showing self-test

circuitry for performing automatic continuity tests of
interconnecting wires;

Fig. 23 is an illustration of the components of an
alternative embodiment of the patient care and communication
system of the present invention;

Fig. 24 is a functional block diagram of the
alternative embodiment of the patient care and communication
system configuration of Fig. 23, illustrating a private-
branch exchange connected to the stations for telephone
communications;

Fig. 25 is a circuit block diagrams for an
alternative embodiment of the internal circuitry for the
patient stations illustrated in Fig. 23;

Fig. 26 illustrates the data frames for
communication between the stations and the private-branch
exchange;

Fig. 27 illustrates the data frames for
communication from the stations to the private-branch
exchange in an expanded form;

Fig. 28 illustrates the data frames for
communication from the private-branch exchange to the
stations in an expanded form;

Fig. 29 is a circuit block diagram for an
alternative embodiment of the internal circuitry for the
patient control units illustrated in Fig. 23;

Fig. 30 is a circuit block diagram for an
alternative embodiment of the internal circuitry for the
nurse control stations illustrated in Fig. 23;

Fig. 31 is an illustration of the components of
another alternative embodiment of the patient care and
communication system configuration of the present invention;

Fig. 10

1 Fig 32 illustrates exemplary input and output
waveforms for the waveshaping and conditioning circuitry of
Fig. 25;

5 Fig. 33 is a block diagram of the components of an
exemplary portable transmitter according to the present
invention;

 Figs. 34-36 illustrate a side elevational view,
top plan view and a bottom plan view, respectively, of a
housing for the transmitter components of Fig. 33;

10 Figs. 37 and 38 illustrate front and rear views,
respectively, of a personnel card used with the transmitter
housing and components of Fig. 35;

 Fig. 39 is an exemplary configuration for a
patient room within a health care facility;

15 Fig. 40 is a circuit block diagram of an infrared
receiver and environmental facilities within the patient
room of Fig. 39, which are connected to a controller;

20 Fig. 41 is an alternative configuration for a
patient room within a health care facility, illustrating the
utilization of a wireless system for controlling
environmental facilities in the room; and

 Fig. 42 is a block diagram of an alternative
portable transmitter embodiment according to the present
invention.

25 DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

 Generally, the patient care and communication
system of the present invention includes a communication
network that provides routine and emergency signaling to
health care facility staff members and provides high
30 fidelity voice communication and data transmission between

1 staff members in the health care facility and/or between
patients and the staff members.

5 The exemplary embodiments of the automatic staff
locator system of the patient care and communication system
of the present invention described below, use a memory card
as a personal database. As used herein, a memory card is a
device approximately the same size and shape as an ordinary
credit card which includes a non-volatile programmable
memory. In the card used in the embodiments described
below, two types of memory are used: an electronically
10 erasable read only memory (EEROM) located internal to the
card and a magnetic stripe located on the surface of the
card. It is contemplated, however, that other forms of
internal memory, such as a ferro-electric RAM or a CMOS
memory with an integral battery, may be used. It is also
15 contemplated that the functions described below may be
implemented with other types of external memory, such as
laser card technologies which either augment or replace the
card memory. A more detailed description of the staff
locator system and its operation is described in commonly
20 assigned U.S. Application Serial No. 08/033,287, filed on
March 16, 1993 and which is incorporated herein by
reference.

25 SYSTEM CONFIGURATIONS AND COMMUNICATIONS

Fig. 1 is an illustration of the major components
of the patient care and communication system according to
the present invention, which includes central processor unit
(CPU) 2412, nurse control stations 2414, patient stations
2416, staff stations 2418 and zone controllers 2420.
30 Generally, the nurse control stations 2414 are installed at

nurse stations located in various areas of the hospital or
1 health care facility and provide a communication link to
patients in their rooms. The patient stations 2416 are
installed in patient rooms and can be configured to
correspond to one patient or to multiple patients. The
5 patient stations 2416 include patient station display 3230,
speaker 3618, microphone 3620 and patient control unit 3210,
all of which will be described in more detail below.

The staff stations 2418 are preferably installed
in locations frequently occupied by other staff members in
10 the hospital, such as staff locker rooms. Staff stations
2418 include staff station display 2422, speaker 4018 and
microphone 4020, all of which will also be described in more
detail below. The zone controllers 2420 include shared-RAM
(S-RAM) memory 2512 (shown in Fig. 2) which is utilized as a
15 buffer memory for data received from either CPU 2412 or from
any of the above noted stations, hence the term shared-RAM.

As will be described in more detail below, the
various types of stations which are positioned at different
locations within the hospital interact with the aid of the
20 CPU 2412 to perform numerous operations to reduce the
information overload currently plaguing hospital staff
members. Examples of the operations involving CPU 2412
include a call priority operation which prioritizes incoming
calls (or messages) to nurse control station 2414 based upon
25 the type of message received, so that staff members respond
to the highest priority calls first. For example, if the
incoming message relates to a fault in a smoke alarm secured
in the patient's room, that message will be given the
highest priority. Another operational example is a nurse
30 follow operation which allows staff members to selectively

route incoming calls directed to a nurse control station; to
1 selected patient stations and/or staff stations so that when
the staff members attending the nurse control station are
required to leave the area, incoming calls to that station
can be routed to locations where appropriate staff members
5 can respond to the call. Another operational example is a
voice paging operation which allows staff members to
communicate with selected patient stations 2416 and/or staff
stations 2418 from the nurse control station 2414. The
interaction between the stations when performing these
10 exemplary operations or tasks, as well as other operations,
is conducted via a communication link which will be
described in more detail below.

Fig. 3 illustrates the major components of system
2410 arranged in groups. As shown, CPU 2412 of the system
15 of the present invention is configured, dimensioned and
adapted to interface through zone controller systems 2413
with a predetermined number of station groups of patient
stations 2416, staff stations 2418, and/or any combination
thereof (e.g., the number of groups ranging between 1 and x,
20 where "x" is preferably 8). Each station group includes
between 1 and "n" stations, where "n" is preferably 35, and
a predetermined number of station groups can be assigned to
between 1 and "m" nurse control stations 2414, where "m" is
preferably 8. For example, if a ward in a hospital has one
25 hundred patient rooms (numbered from 100 to 200) which are
single occupancy rooms, a staff locker room (Room 201) and a
staff kitchen (Room 202), one patient station 2416 would be
installed in each patient room and one staff station 2418
would be installed in the staff locker room and the staff
30

kitchen. An exemplary array of station groupings (or the call assignment configuration) is shown in Table I below:

	RM1	RM2	RM3.....RM32	RM33	RM34	RM35
GROUP 1	100	101	102.....132	133	201	202
GROUP 2	120	121	122.....152	153	201	202
GROUP 8	154	155	156.....186	187	201	202

As shown in this exemplary call assignment configuration, rooms 100 through 133, 201 and 202 are assigned to station group 1. Rooms 120 through 153, 201 and 202 are assigned to station group 2 and rooms 154 through 187, 201 and 202 are assigned to station group 8. The station groupings can overlap in room coverage, thus, as illustrated in table I above, station groups 1 and 2 both include rooms 120 through 133.

In addition to the station groupings, the system of the present invention is configured so that each station group is assigned to a predetermined number of nurse control stations 2414. Table II below, illustrates an exemplary call assignment configuration for station groupings and their assignment to the nurse control stations 2414:

	Group 1	Group 2	Group 8
NCS1	YES	YES	YES
NCS2	YES	NO	NO
NCS8	NO	YES	NO

In this exemplary configuration, communication transmitted by any of the stations assigned to station group one (rooms 100-133, 201 and 202) will be directed to nurse control

station one (NCS1) and to NCS2 so that staff members
1 attending either nurse control station 2414 can respond to
the call. Communications transmitted by any of the stations
assigned to station group two (rooms 120-153, 201 and 202)
will be directed to NCS1 and NCS8 so that staff members
5 attending either nurse control station 2414 can respond to
the call. Communications transmitted by any of the stations
assigned to station group eight (rooms 154-187, 201 and 202)
will be directed to NCS1 so that staff members attending
NCS1 can respond to the call.

10 In the preferred embodiment, the patient care and
communication system of the present invention can include
four call assignment configurations. To illustrate, the
call assignment configurations can be utilized to
15 automatically (or manually) assign stations (2416 or 2418)
to station groups and station groups to nurse control
stations 2414 for day operation, for evening operation, for
weekend operation and/or for holiday operation.

Referring now to Fig. 4 which illustrates an
alternative system configuration in which, central
20 processing unit 2412 is connected to external communication
equipment such as broadcast paging system 2720, external
computer 2722, printer 2724, and/or staff locator system
2428. Broadcast paging system 2720 may be utilized by the
system of the present invention to locate staff members or
25 other personnel who are not within the hospital or other
health care facility. The broadcast paging system may be
any known type capable of interfacing with a computer.
Preferably, broadcast paging system 2720 and CPU 2412
communicate via serial communication ports connected to each
30 device. Staff locator system 2428 may be provided to locate

staff members anywhere in the hospital or other health care
1 facility as described in U.S. Application Serial No.
07/924,101, filed August 3, 1992, which is incorporated
herein by reference. In addition to locating staff members,
staff locator system 2428 may be utilized to track or locate
5 patients in the hospital. To utilize the staff locator
system to locate patients, each patient is provided with an
identification badge or bracelet which includes the
components as disclosed for identification badge worn by
staff members and described above. The identification badge
10 or bracelet continually transmits the identification signal
of the patient and the central computer system continually
monitors the identification signal to update the location of
the bracelet and the patient. The location information of
the staff member or patient is transferred to CPU 2412 via
15 data link 2726 (shown in Fig. 4) which may be any known type
of communication link utilized to facilitate communication
between computer systems. External computer 2722 interfaces
to CPU 2412 and performs computing functions including
extracting or inputting data stored or otherwise processed
20 within CPU 2412. Printer 2724 may be utilized to extract
hard copies of data stored or otherwise processed within CPU
2412 including problem reports generated by the system, as
will be described in more detail below.

Fig. 2 illustrates a functional block diagram of
25 an alternative system configuration, which includes main
hospital computer 2530 configured to interface with CPU 2412
to provide staff members with additional patient
information, or to transfer from CPU 2412 to the main
hospital computer patient information which may be utilized
30 for billing purposes. For example, information pertaining

to the types and quantities of prescription or intravenous
1 drugs taken by the patient and the types of treatments
received by the patient (e.g., X-rays or CT-scans), as well
as the physician time spent with the patient, may be
transferred to the main hospital computer to provide the
5 hospital with more accurate billing information.
Preferably, main hospital computer 2530 is interfaced with
CPU 2412 via hospital personal computer 2540, system
personal computer 2550, RS-232/RS-484 converter 2520 and
zone controller 2560. In this configuration, the integrity
10 of the main hospital computer is maintained and the serial
conversion from RS-232 protocol to RS-484 protocol is
accomplished.

Fig. 5 illustrates the hardware components of
central processing unit (CPU) 2412. The CPU 2412 includes
15 microprocessor 2810, three Mbytes of memory 2820 (2 Mbytes
of flash ROM and 1 Mbyte of RAM) having stored programs
(e.g., operating system and application programs), and
communication interface 2830. Preferably, microprocessor
2810 is an MC68000 16-bit microprocessor manufactured by
20 Motorola Inc. In addition to the above circuits, CPU 2412
includes watchdog circuit 2840 which receives a one shot
trigger from microprocessor 2810, at a predetermined time
interval, preferably 300 msec., to ensure that the
microprocessor is functioning. If, however, microprocessor
25 2810 fails to timely trigger watchdog circuit 2840, then the
watchdog circuit will initiate an automatic reset of the
microprocessor, thus preventing the microprocessor from
locking-up for extended periods of time.

Communication interface 2830 and communication
30 ports 2850 are provided to facilitate communication between

1 CPU 2412 and zone controllers 2420 and between CPU 2412 and
the external communication equipment. As noted above, the
preferred communication protocol includes the RS-485 serial
communication protocol. Accordingly, communication
5 interface 2830 is configured to accommodate RS-485
communication utilizing RS-485 drivers/receivers which are
known in the art.

An exemplary operational flow of CPU 2412 is shown
in Fig. 6. Initially, the CPU is in a listen mode. In the
listen mode the CPU continuously polls or otherwise
10 interrogates the different components attached thereto. For
example, as shown in Fig. 6, the CPU will periodically poll
each shared-RAM (S-RAM) 2512 (shown in Fig. 2) of each zone
controller (step 2910) in a manner described hereinbelow.
15 If the S-RAM does not have a message frame received from a
station within the zone controller grouping, CPU 2412
returns and polls the next zone controller (step 2920).
Preferably, as will be described in more detail below data
transmitted between the CPU 2412 and the zone controller
20 2420 or between the zone controller 2420 and the stations
(either 2414, 2416 or 2418) are in the form of message
frames which include station identity information as well as
the message data relating to a particular function.

If, however, the S-RAM does have a message frame
25 stored therein, CPU 2412 will retrieve the message frame
(step 2930) and analyze the received message frame by
determining what patient station, staff station or nurse
control station the message frame was received from and if
the frame was received from a patient station, by organizing
30 or obtaining any patient information associated with that
particular patient station (step 2940). The DATA field

1 within the INFORMATION field of the received message frame
is then interpreted by the CPU, which determines whether a
response to the associated patient station, staff station or
nurse control station message frame is necessary (step
2950). If a response is not required, CPU 2412 returns to
5 poll the next zone controller.

However, if a response is due, the CPU then starts
the task associated with the information included in the
message frame (step 2960). Upon completion of the task, CPU
2412 returns to the listen mode and begins polling the next
10 zone controller connected thereto as described above.

The components of zone controller 2420 include a
microcontroller, memory having stored programs (e.g., system
or application programs) and a communication interface
connected to communication ports. The connection of the
15 zone controller 2420 components is the same as equivalent
components of CPU 2412, as shown in Fig. 5. The zone
controller 2420 also includes the shared-RAM (S-RAM) 2512,
shown in Fig. 2, which is connected to the microcontroller.
Preferably, the microcontroller is the 64180
20 microcontroller, manufactured by Motorola and the S-RAM
includes 2 kilobytes of memory.

A communication interface and communication ports
are provided to facilitate communication between zone
controller 2420, CPU 2412 and slave devices, such as patient
25 station 2416, staff station 2418 and/or nurse control
station 2414. The communication protocol may be any known
serial communication protocol, such as RS-232 or RS-485.
The RS-485 protocol is preferred in the embodiment according
to the present invention. Accordingly, the communication
30 interface is configured to accommodate RS-485 communication

utilizing RS-485 drivers/receivers which are known in the
1 art. Each zone controller 2420 also includes a watchdog
circuit which operates similarly to the watchdog circuit in
CPU 2412. Thus, the watchdog circuit prevents the
microcontroller from locking-up if the watchdog circuit is
5 not polled at the predetermined time interval, preferably
300 msec., by the microcontroller.

The communication link between the zone
controllers and stations or between the stations and
peripheral equipment connected to the station is in a
10 master-slave relationship. In the communication link
between the zone controllers 2420 and the stations, the zone
controllers are the master stations and the nurse control
stations, patient stations or staff stations are the slave
stations. Whereas, in the communication link between the
15 stations and the peripheral equipment, the stations (e.g.,
the patient stations) are the master stations and the
peripheral equipment is the slave. The master station is in
control of the data link and transmits command frames to the
slave stations. The master station maintains separate
20 sessions (i.e., communication links) with each slave station
attached to the link. To illustrate and again referring to
Fig. 2, if zone controller 2420 is connected to a group of
patient stations (1 to n) and/or connected to a group of
staff stations (1 to m), the zone controller (master) will
25 periodically poll each patient station (slave) to retrieve
message frames. The slave station responds to the commands
from the master station and can send one message to the
master station per poll from the master station.

30 The master station may communicate with the slave
stations in one of two logical states. One state is the

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INITIALIZATION state which is used to initialize the
1 master/slave station (e.g., identify for each communication
link which device connected thereto is the master and which
is the slave). A second state is the INFORMATION TRANSFER
state which permits the master and slave stations to
5 transmit and receive control or application information
transmitted across the data link between the master station
and the slave stations in the form of message frames or
blocks of data.

In the preferred embodiment, the message frames
10 may be one of three types. The first type of message frame
is the INFORMATION FORMAT frame (I-frame) which is used to
transmit application information (e.g., message information
associated with a particular function or station status
data) between the master and slave stations. The I-frame
15 may also acknowledge receipt of a frame from a transmitting
station. The second type of message frame is the
SUPERVISORY FORMAT frame (S-frame) which performs control
functions, such as acknowledging the receipt of a poll from
the master station or requesting the temporary suspension of
20 the transmission of I-frames. The third type of message
frame is the UNNUMBERED FORMAT frame (U-frame) which is also
used for control purposes, such as performing data link
initialization or tests.

As noted, the data (or information) transmitted
25 between master and slave stations is preferably configured
in the form of a message frame. The preferred message frame
includes five fields, similar to the frame shown below:

30 ADDRESS/LENGTH/CONTROL/INFORMATION/FCS

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Where, the ADDRESS field is one byte in length and
1 identifies the patient station involved in the particular
frame transaction (each station has a unique address which
allows the CPU and zone controller to identify which station
5 sent the frame); the LENGTH field is one byte in length and
contains the size of the frame, in bytes, excluding the
address and length fields; the CONTROL field includes the
command and response information used to maintain data-flow
10 accountability of the communication link between the zone
controller (master) and the patient station (slave); and the
INFORMATION field retains a predetermined number of bytes of
data, preferably between 1 and 145 bytes, relating to the
application data, such as, the data associated with the
15 activation of the nurse call button (hereinafter "the nurse
call data"). The frame-check-sequence (FCS) field,
typically one byte in length, is used to check for
transmission errors between the master and slave stations or
devices.

The system of the present invention may transmit a
20 predetermined number of message frames, preferably between 1
and 8 frames, before an acknowledgement or response to a
transmitted frame is received. As a result, the CONTROL
field is utilized to maintain data-flow accountability of
the communication link, as noted above.

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Shown in table III below is the CONTROL field bit encoding for the master and slave stations.

Table III

CONTROL field bit encoding (master station):

I-frame format:

:7:6:5:4:3:2:1:0:

: x x : x x : 0

: : : : : : : -> Normally set to binary 0

: : : : : : :

: : : : : : -> N(S)

: : : :

: : : : -> N(R)

:

: -> P

CONTROL field bit encoding (slave station):

I-frame format:

:7:6:5:4:3:2:1:0:

: x x : x x : 0

: : : : : : : -> Normally set to binary 0

: : : : : : :

: : : : : : -> N(S)

: : : :

: : : : -> N(R)

:

: -> P

The send sequence number N(S) (bits 1, 2 and 3) indicates the sequence number associated with a transmitted frame. Basically, the sequence number is a message counter which counts the number of message frames sent to a receiving station. The receive sequence number N(R) (bits 1, 2 and 3) indicates the next sequence number that is expected at the receiving station. The receive sequence number may also serve as an acknowledgement of the previous frame. In addition, the transmitting station maintains a send state variable V(S) which is the sequence number of the next message frame to be transmitted, and the receiving station maintains a receive state variable V(R), which contains the number that is expected to be in the sequence number of the next frame. The send state variable is

incremented with each message frame transmitted and placed
1 in the send sequence number N(s) field in the frame.

Upon receiving a frame, a receiving station checks
for a transmission error by comparing the send sequence
number with the receive state variable. If the frame is
5 acceptable (i.e., the send sequence number and the receive
state variable are equal), the receiving station increments
the receive state variable V(R) and interpolates the
variable into the receive sequence number field N(R) in the
next outbound message frame. If, on the other hand, the
10 send state variable V(S) does not match the receive sequence
number N(R) in the message frame, the receiving station
decrements the send state variable V(S) and retransmits the
last message frame when the next frame has to be
transmitted.

15 To establish an interactive communication link
between stations, the master station uses the poll bit (P)
to solicit a status response (e.g., an S-frame) or an I-
frame from a slave station. Generally, the slave station
does not transmit a frame to a master station until a
20 message frame with an active poll bit (i.e., P is set to
logic 1) is received from the master frame. In the
preferred embodiment, the polling rate of the master station
is aperiodic or not fixed. The polling rate is dependent
upon a number of factors such as the baud rate and the type
25 of message frame being sent by the slave station. For
example, if the baud rate is 9600 and if all the slave
stations respond to a poll by the master station with an S-
frame, the polling rate is approximately 20 msec. However,
if a slave station responds with an I-frame which includes
30 64 bytes of display data the rate (or time) before the

1 master station will poll the next slave station is
approximately 64 msec. Generally, at 9600 baud, one byte of
data is transferred in one millisecond.

5 The slave station responds to an active poll bit
with an I-frame or S-frame format message frame. In the
preferred embodiment, the slave station has 15 msec. to
start transmitting the responding message frame and 150
msec. to complete transmission of the frame which is
identified by activating the Final bit (F) (i.e., F is set
to a logic 1).

10 If the slave station fails to successfully respond
to the polling frame of the master station with either an S-
frame or I-frame, for a predetermined number of polls,
preferably 10, that particular station will be marked as
15 disconnected and will be polled at slower rate (preferably,
about every 10 sec.) until the master station receives at
least one message frame from that particular slave station.
When a station or other equipment connected to the system of
the present invention are determined to be disconnected, the
20 identity of the station or other equipment and the room
location of the equipment are stored in a problem report
which can be printed on hard or soft copy via printer 2724
and/or external computer 2722, shown in Fig. 4.
Alternatively, the problem report can be displayed on nurse
25 control station display 3272 shown in Fig. 32 upon the
proper keying of direct select keys 3374 of nurse control
station display 3272 pursuant to menu prompts.

30

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Referring now to Table IV below, the CONTROL field encoding for the commands and responses used by an S-frame are shown:

Table IV

	CONTROL field bit encoding (master station):
5	S-frame format: :7:6:5:4:3:2:1:0: :xx:::01 :-----> Normally set to binary 1 :-----> Commands: :-----> Binary 0 - Receive Ready (RR) :-----> Binary 1 - Receive Not Ready (RNR) :-----> N(R) :-----> Poll bit (P)
10	CONTROL field bit encoding (slave station):
15	S-format: :7:6:5:4:3:2:1:0: :-----> Normally set to binary 1 :-----> Commands: :-----> Binary 0 - Receive Ready (RR) :-----> Binary 1 - Receive Not Ready (RNR) :-----> N(R) :-----> Final bit (F)

The receive ready (RR) command is used by either the master or the slave station to indicate that it is ready to receive an I-frame and/or acknowledge previously received frames by using the receive sequence number. If a station had previously indicated that it was busy by using the receive not ready (RNR) command, the station then uses the RR command to indicate that it is now free to receive data (e.g., an I-frame).

As noted, receive not ready (RNR) is used by a receiving station to indicate a busy condition in response to polling by a master station. This notifies the

transmitting station that the receiving station is unable to
1 accept I-frames. The RNR command may also be utilized to
acknowledge a previously transmitted frame by using the
receive sequence number.

The commands and responses used by a U-frame are
5 shown below in Table V:

Table V

	CONTROL field encoding (master station)
	U-frame format:
	:7:6:5:4:3:2:1:0:
	: : : : : 1 1
	: : : : : :-> Normally set to binary 3
10	: : : : : :
	: : : : : :-> Commands:
	: : : : : :-> 0 - Set Init. Mode (SIM)
	: : : : : :-> 1 - Rreset Init. Mode (RIM)
	: : : : : :-> 2 - Test Message (TM)
	: : : : : :-> 3 - Loop Back (LB)
	: : : : : :-> 4 - Broadcast (BC)
	:
	: : : : : :-> Poll bit (P)
15	
	CONTROL field encoding (slave station)
	U-format:
	:7:6:5:4:3:2:1:0:
	1 : : : : : 1 1
	: : : : : :-> Normally set to binary 3
	: : : : : :
	: : : : : :-> Commands:
	: : : : : :-> 0 - Set Init. Mode (SIM)
20	: : : : : :-> 1 - Rreset Init. Mode (RIM)
	: : : : : :-> 2 - Test Message (TM)
	: : : : : :-> 3 - Loop Back (LB)
	:
	: : : : : :-> Final bit (F)

The set initialization mode (SIM) is used by a
25 master or slave station to initialize the master/slave
session (or communication link). The SIM command puts the
master and slave stations in the initialization state. Upon
receiving the SIM command, the receiving station clears the
send state variable number V(S) and the receive state
30 variable V(R), thus clearing a retransmit buffer (not

1 shown). The SIM command is used by a station on power-up or
to clear a lock-up condition of the station. The reset
initialization mode (RIM) is used by a master or slave
station to set an information transfer state. This command
also serves as an acknowledgement of the SIM command.

5 The test message (TM) command is used to test data
lines. The receiving station responds with a LB command
which carries (or echoes back) the same data received from
the message frame where the TM command was active. Failure
10 of a slave station to echo back the same data received in
the message frame causes the master station to identify the
station as disconnected and the station identity and
location are added to the problem report.

The broadcast (BC) command (bits 2-6) is used by a
master station to transmit data to all slave stations. The
15 master station sends this command while the P bit is set to
a logic zero and the address field of the message frame,
noted above, contains "FF" hex.

The bit encoding for the INFORMATION field of the
message frame noted above will now be described.
20 Preferably, the INFORMATION field consists of four fields
which identify the priority level of the message frame, the
station ID, the type of message and data to augment the
message type:

25 PATH/RSP_ID:REQ_ID/DATA/O

The PATH field, shown below in Table VI, may be
four bytes in length and contains routing information and
frame transition priority data. The transition priority
30 data identifies to the CPU the priority level associated

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with the received I-frame. As a result, the system of the present invention can prioritize incoming message frames so as to organize staff responses thereto in order of priority, as will be described in more detail below. The last byte of this field preferably includes an address expansion bit which when set to logic one identifies that the next byte of data is the station address field which identifies which slave station is sending the message frame.

Table VI

```

10 PATH field bit encoding:
   :7:6:5:4:3:2:1:0:
   : : : : : : : :
   : : : - - - - - > Station Address,
   : : :
   : : - - - - - > Priority: binary 2 - alarm,
                        binary 1 - event/control,
   : : - - - - - > binary 0 - data type
   :
   : - - - - - > Address expansion set to logic 1 = next byte

```

The RSP_ID:REQ_ID field, shown below in Table VII, contains response/request tag (ID) data. Upon receiving a request message (type bit is set to logic 1), the slave station sends a specific response message (e.g., an I-frame). If there is no specific response, the slave station sends generic acknowledgement typically in the form of an S-frame.

Table VII

25

```
RSP_ID:REQ_ID field bit encoding:
:7:6:5:4:3:2:1:0:
: : : : : : : :
: : : : : : : : -> response/request ID
: :
: : -----> local master: binary 1 = local master
                                request/response
:
: -----> type: logic 1 = request, logic 0 = response
```

30 Generally, the DATA field may be 128 bytes in
length and contain application-specific data and preferably,
consists of three fields:

LENGTH/DTYPE/TEXT

1

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Where, the LENGTH field, typically 1 byte in length, contains the size in bytes of the DTYPE and TEXT fields; the DTYPE field, typically one byte in length, contains data codes such as the type of message being sent, e.g., code blue; and the TEXT field which may be 126 bytes in length, contains application specific data, e.g., message data associated with a particular function or station status data, which is utilized to augment the DTYPE field by identifying a textual message associated with the particular function identified in the DTYPE field. For example, if the DTYPE field identifies a "code blue" code, the TEXT field will include the text which should be displayed on other stations, such as the staff station.

In the event of a failure within the CPU 2412, the system of the present invention also provides a fail safe feature which is activated upon detection by the nurse control stations 2414, the patient stations 2416 and/or staff stations 2418. An exemplary embodiment of the configuration for fail safe operation is shown in Fig. 7. In this configuration, fail safe bus (FSB) 3020 is connected between each patient station 2416, each corresponding staff station 2418 and zone indicator assembly 3022. If a failure occurs in the CPU 2412, each patient station 2416 and corresponding staff station 2418 will fail to receive a polling signal from their corresponding zone controllers. As a result, each station will operate in a local mode utilizing the fail safe bus. When in the local mode, activation of any of the functions which have access to the fail safe bus will cause a response at a particular patient station, the staff stations and at the zone indicator assembly connected to the group, to allow staff members in

1 the vicinity of the station utilizing the fail safe bus to
respond.

5 An operational flow associated with the above
described exemplary fail safe feature will be described with
reference to Figs. 7-9. As noted, upon failure of the CPU
2412, the stations associated with the system of the present
invention operate in the local mode. In response to
activation of a fail safe device (e.g., the nurse call
button 3250, the code blue switch 3234 or the emergency
switch 3232) the system first determines whether the cause
10 of the fail safe was from the activation of nurse call
button 3250 of patient control unit 3210 (shown in Fig. 9)
(steps 3110 and 3120). Nurse call button 3250, code blue
switch 3234 and/or emergency switch 3232 are connected to
patient station 2416 and provide either a general indication
15 to staff members that the patient needs assistance or an
emergency indication relating to the patients immediate
health condition. Nurse call button 3250 allows the patient
to indicate the need for general assistance, whereas, code
blue switch 3234 and emergency switch 3232 allow staff
20 members to activate the appropriate staff response to the
patient's health condition. For example, if the patient is
experiencing a heart attack a staff member would activate
the code blue switch.

25 If the cause of the fail safe was due to the
activation of nurse call button 3250, the patient station
responds by activating nurse call indicator 3222 of
indicator assembly 3220 associated with that particular
patient station and by displaying a "nurse call" message on
patient station display 3230 (step 3122). Next, the staff
30 stations 2418 (shown in Fig. 1), associated with the group of
patient stations 2416 respond by displaying a "nurse call"
message on staff station display 2422 (step 3124). Zone

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indicator assembly (ZIA) 3022 activates the nurse call
1 indicator of zone indicator 3024 (e.g., indicators 1 through
8, shown in Fig. 7) associated with the particular group of
patient stations (step 3126). For example, if the nurse
call button is activated by a patient station associated
5 with group 1, the nurse call indicator of the group 1 zone
indicator 3024 associated with zone indicator assembly 3022
will be activated. Manual reset of the patient station by a
staff member responding to the call returns the FSB and the
patient stations to the idle local mode (step 3128).

10 If the cause of the fail safe was not from the
activation of the nurse call button, the fail safe system
then determines if the fail safe was caused by the
activation of emergency switch 3232 (step 3130). If fail
safe operation was caused by the activation of emergency
15 switch 3232, patient station 2416 responds by activating the
emergency indicator associated with that patient station and
by displaying an "emergency" message on patient station
display 3230 (step 3132). Preferably, the emergency
indicator is the same indicator as nurse call indicator
20 3222. However, activation of indicator 3222 in the
emergency mode results in a blink light at a predetermined
rate in pulses per minutes (PPM) as illustrated in the table
of Fig. 19. Whereas, activation of indicator 3222 in the
nurse call mode results in a steady lamp intensity. Second,
25 staff station or stations 2418 associated with the subject
patient station, displays an "emergency" message on staff
station display 2422, shown in Fig. 1 (step 3134). Next,
zone indicator assembly 3022 activates the emergency
indicator of zone indicator 3024 associated with the group
30 with which the particular patient station belongs (step
3136). Staff members responding to the emergency call,

manually reset emergency switch 3232 (step 3138), thus
1 returning the fail safe system to the idle local mode.

If, on the other hand, the cause of the fail safe
was not from the activation of an emergency switch, then,
according to this exemplary embodiment, the fail safe
5 operation was activated by code blue switch 3234. The
patient station responds to the code blue call by activating
code blue indicator 3228 associated with patient station
2416 to which the code blue switch is operatively connected,
and by displaying a "code blue" message on patient station
10 display 3230 (step 3140). Secondly, staff station or
stations 2418 associated with the group of patient stations
2416, displays a "code blue" message on station display 2422
(step 3142). Zone indicator assembly 3022 also activates
the code blue indicator associated with the subject patient
15 station group number (step 3144). Manual reset of code blue
switch 3234 by the responding staff members returns the fail
safe bus to the idle local mode (step 3146).

NURSE CONTROL STATION

20 The nurse control portion of the present invention
will now be described with reference to Figs. 9 and 10.
Fig. 9 illustrates a system configuration in which
peripheral equipment is connected to patient station 2416
and in which nurse control station 2414 includes main
25 processor 3270, keyboard 3236 and nurse control station
display 3272. Nurse control station display 3272 can be
user programmed to perform functions, such as initiating a
code blue operational sequence, either through keyboard 3236
or direct select keys 3274. The direct select keys 3274
30 allow staff members to select specific functions in response
to menu driven prompts.

Fig. 10 is a block diagram which illustrates
1 hardware components for nurse control station 2414. Nurse
control station 2414 includes main processor circuitry 3310,
keyboard circuitry 3312 and display circuitry 3314. Main
processor circuitry 3310 includes microprocessor 3316, such
5 as the 16 bit model 286 microprocessor manufactured by Chips
& Technology, Inc., 2 Mbytes of memory 3318 having stored
programs (e.g., system and application programs) and
communication interface 3320 connected to communication
ports 3322.

10 Preferably, communication interface 3320 and
communication ports 3322 are provided to facilitate data
communication between zone controller 2420, CPU 2412 and the
nurse control station 2414. As noted above, the preferred
communication protocol includes the RS-485 serial
15 communication protocol. Accordingly, communication
interface 3320 is configured to accommodate RS-485
communication utilizing RS-485 drivers/receivers which are
known in the art.

Keyboard circuitry 3312 includes microcontroller
20 3324, such as model 8052 manufactured by Intel, which
includes internal memory having, preferably, 4 Kbytes of ROM
and 256 bytes of RAM, keypad interface 3326 which is
connected to keys 3328 and facilitates communication between
a staff member and the nurse control station. Communication
25 interface 3330 and communication port 3332 are provided as a
data communication link to main processor circuitry 3310.
As noted, the preferred communication protocol includes the
RS-485 serial communication protocol. Accordingly,
communication interface 3330 is configured to accommodate
30 RS-485 communication utilizing RS-485 drivers/receivers
which are known in the art.

Keyboard 3236 (shown in Fig. 9) includes speaker
1 3338, handset 3340 and microphone 3342 which facilitate
audio communication between nurse control station 2414,
patient stations 2416 and/or staff stations 2418, via audio
controller 3344. The audio circuit portion 3410 of nurse
5 control station 2414 will now be described with reference to
Fig. 11, which illustrates the hardware configuration for
the audio portion of the keyboard. As shown, audio pair
3412 from main processor 3270 of nurse control station 2414
(shown in Fig. 9) is connected to the front end of audio
10 controller 3344. Preferably, the front end of audio
controller 3344 includes a coupled 600 ohm balanced
transformer 3414 which isolates the internal audio circuitry
of nurse control station 2414 from the external audio
circuits. Depending upon whether the audio signal is being
15 received or transmitted, the back end of audio controller
3344 either directs the audio signal to keyboard speaker
3338 or to handset 3340, or directs the audio signal from
microphone 3342 to transformer 3414.

Preferably, audio controller 3344 is a 34118 audio
20 controller manufactured by Motorola. Audio input signals
from main processor 3270 of nurse control station 2414,
which pass through the audio controller are directed to
keyboard speaker 3338 via amplifier 3416 or to handset 3340
via relay controller 3418 controlled by microcontroller 3324
25 (shown in Fig. 10). Audio generated by the nurse control
station via microphone 3342 or handset 3340 is transferred
through relay controller 3418 to audio controller 3344 and
onto the audio pair as shown. The audio pair from keyboard
circuitry 3312 is directed to the equipment panel via main
30 processor circuitry 3310, as shown in Fig. 10.

Display circuitry 3314 includes microprocessor
3346, such as model 8051 manufactured by Intel, memory 3348

having stored programs (e.g., system and application
1 programs), video controller 3350 which is connected to nurse
control station display 3272 and facilitates the display of
the visual communication signals. Select key interface 3352
is connected to direct select keys 3274 and is provided to
5 identify to microprocessor 3346 which direct select key 3274
has been depressed. Communication interface 3354 and
communication port 3356 are provided as a data communication
link to main processor circuitry 3310. As noted, the
preferred communication protocol includes the RS-485 serial
10 communication protocol. Accordingly, communication
interface 3354 is configured to accommodate RS-485
communication utilizing RS-485 drivers/receivers which are
known in the art.

15 PATIENT STATION

The patient station portion of the present
invention will now be described with reference to Figs. 4, 9
and 12, 13, 14A and 14B. Turning initially to Fig. 9,
patient station 2416 is a microprocessor controlled
20 interface between CPU 2412, the patient bedside equipment
and peripheral equipment. The communication link between
CPU 2412 and the bedside or peripheral equipment is via the
master/slave communication link described above. Examples
of the patient bedside equipment include heart monitors,
25 respirators, pulse oxymeters or I.V. pumps which include
data communication ports to serially transmit data.
Examples of peripheral equipment include patient control
unit 3210, staff presence switch 3254, indicator assembly
3220, code blue switch 3234, emergency code switch 3232
30 and/or a smoke detector (not shown). Staff presence switch
3254 is preferably located by the door of the patient rooms
and is provided to activate indicator 3220 and to cause

1 patient station 2416 to send a message frame to CPU 2412
indicating the particular type of staff member who is
present in the patient's room, as will be described in more
detail below. In addition, patient station 2416 may be
5 operatively connected to a side-rail communication system
(not shown) installed in a side-rail of the patient's bed,
as well as bed sensors which sense whether the patient is in
the bed. Side-rail communication system may be connected to
the audio output ports 3624, shown in Fig. 13, to facilitate
10 audio communication at the side-rail.

Fig. 12 is a circuit block diagram for the patient
station circuitry 3510 installed within patient station
2416. The patient station circuitry 3510 includes
microprocessor 3512, such as model 64180 manufactured by
15 Motorola operating at a frequency of 12.888 MHz. via crystal
3514, 96 Kbytes of memory 3516 (e.g., 64 Kbytes of flash ROM
and 32 Kbytes of RAM) having stored programs, e.g., system
and application programs. In this exemplary configuration,
the data and address buses of the microprocessor are
20 connected to memory, e.g., RAM 3518 and an EPROM 3520.
Memory decoder 3522 is utilized to select between RAM 3518
and EPROM 3520 in response to a particular address on the
address bus. The address bus is also connected to a pair of
latches 3524 and 3526 which interface the microprocessor to
25 status indicators, the fail safe bus (FSB), the audio
control circuitry, and to switches and other peripheral
equipment connected to the patient station, as shown. In
addition, I/O decoder 3528 is utilized to select between
either latch in response to a particular address on the
30 address bus. Incoming signals from the above noted
peripheral equipment are received by buffer 3530 and then
transferred to the data-bus upon being enabled by I/O
decoder 3528.

Utilizing the preferred microprocessor 3512 (i.e.,
1 the Motorola 64180), serial communication between the zone
controller 2420 and microprocessor 3512 or between the
bedside equipment and microprocessor 3512, may be
accomplished through either one of two asynchronous serial
5 communication ports 3532 and 3534 which are, preferably,
configured to RS-485 protocol utilizing RS-485
driver/receivers (RS-485 D/R) 3536 and 3538 as shown.

Fig. 13 is a circuit block diagram for the audio
portion 3610 of patient station 2416. As shown, audio pair
10 3612 from an equipment panel (e.g., audio matrix 2510 shown
in Fig. 2) is connected to the front end of audio controller
3614. Preferably, the front end of audio controller 3614
includes a coupled 600 ohm balanced transformer 3616 which
isolates the internal audio circuitry of patient station
15 2416 from the external audio circuits. Depending upon
whether the audio signal is being received or transmitted,
the back end of audio controller 3614 either directs the
audio signal to patient station speaker 3618 or to an
external audio speaker, such as speaker 3252 of patient
20 control unit 3210, shown in Fig. 9, or directs the audio
signal from microphone 3620 to transformer 3616.

Preferably, audio controller 3614 is a 34118 audio
controller manufactured by Motorola. Audio input signals
25 from audio matrix 2510 which pass through the audio
controller are directed to patient station speaker 3618 via
amplifier 3622 and/or to audio output ports 3624 via
amplifier 3626 and relay controller 3628. Audio signals
generated by the patient station via microphone 3620 are
30 selectively transferred through audio controller 3614 onto
the audio pair as shown. Mute switch 3630 may be provided
to allow a staff member to manually short out the microphone
so as to prevent audio signals from being generated at the

patient station. In addition, the audio circuitry for the
1 patient station may include input audio ports 3632 which
facilitate a connection between external entertainment
equipment, such as a television or a radio, and audio output
ports 3624 via relay switch 3628. To illustrate, audio
5 signals from a television in the patient's room can be
directed from patient station 2416 to speaker 3252 in
patient control unit 3210 (shown in Fig. 9) to bring the
audio from the television closer to the patient.

Referring again to Fig. 9, each patient station
10 2416 may be coupled to external peripheral equipment, such
as controllers, indicators and/or switches, which provide
medical instrument data and/or patient status data to staff
members and which facilitate patient control of
15 environmental facilities within the patient's room, as will
be described below. Figs. 14a and 14b represent an
exemplary operational flow-chart of the interaction between
the patient station and the bedside equipment and between
the patient station and the CPU so as to facilitate
20 communication between the bedside equipment and the CPU.
Initially, the patient station monitors the inputs from the
external peripheral equipment (e.g., switches) to determine
if the equipment has been activated (steps 3710 and 3720).
If a switch or other peripheral equipment is activated, a
25 message frame associated with the activated switch will be
stored in the memory of patient station circuitry 3510,
shown in Fig. 12 (step 3722) and transferred to zone
controller 2420. If, on the other hand, a switch has not
been activated then the patient station will poll the
30 bedside equipment via serial port 3534 (shown in Fig. 12)
for status or message information and interpolate field
parameters onto the received message (step 3724 and 3726).
The message frame is then stored in patient station memory

3516 (shown in Fig. 12) and remains therein until the
1 patient station 2416 is polled by the zone controller 2420
corresponding to the patient station (steps 3728, 3730 and
3732).

5 Once polled, the patient station transfers the
message frame to the S-RAM 2512 (shown in Fig. 2) of the
zone controller until the last byte of the frame has been
transferred (i.e., the F bit is set to logic 1) (steps 3734
and 3736). The zone controller then determines if the
10 message frame, received is an S-frame or an I-frame, and if
the message frame is an S-frame the zone controller
acknowledges the message frame and the patient station
returns to monitor the switch inputs (steps 3738 and 3740).
If the received message frame is an I-frame the frame is
transferred to the CPU which determines whether a response
15 to the transmitting station is required (steps 3742, 3744
and 3746). If no response is required the CPU stores the
received data and the patient station returns to monitor the
switch inputs, as shown. If, however, a response is
required a response message frame is sent to the zone
20 controller and stored in the S-RAM (step 3748). The zone
controller polls the patient station and if a received ready
(RR) command is received in return, the response message
frame is transferred to and stored in the patient station
(steps 3750 and 3752).

25 Once the response message frame is received the
patient station performs the task associated with the
information in the frame (step 3754). In addition to
sending a response message to the patient station, the CPU
may also be required to send a message frame to the nurse
30 control station to alert staff members of potential faults
either through tone and visual indications similar to those

illustrated in Fig. 18 or by adding the information to the
1 problem report described above (step 3756).

Referring again to Fig. 9, in the preferred
embodiment, patient station 2416 is connected to patient
control unit 3210 via data link 3246. Patient control unit
5 3210 includes control buttons 3248 which facilitate patient
control of the environmental facilities within the patient's
room, via patient station 2416 and CPU 2412. Such
environmental facilities include, for example, the
television, radio, draperies and the room lighting.

10 Nurse call button 3250 is provided to enable the
patient to call the nurse control station or stations within
the group. As noted above, the communication between
stations is facilitated by CPU 2412 utilizing the
master/slave communication link described above.

15 Fig. 15 illustrates an exemplary operational flow
for the patient control unit 3210 in combination with
patient station 2416. Upon activation of nurse call button
3250 of patient control unit 3210 (shown in Fig. 9), patient
station 2416 receives the switch activation data via data
20 link 3246 and buffers 3530 (shown in Fig. 12).
Microprocessor 3512 then interpolates field data onto the
received message to form a message frame, as described
above, and stores the message frame in RAM 3518 (step 3810).

25 Once stored in memory, the nurse call data remains
therein until the patient station is polled by the zone
controller (step 3820). Once polled, the message frame is
then transferred to the zone controller and stored in the S-
RAM (step 3830). The data remains in the S-RAM until the S-
RAM is polled by CPU 2412, upon which, the message frame is
30 then transferred to the CPU (step 3840).

Reception of the message frame in the CPU causes
the CPU to begin the station task identified in the

1 INFORMATION field of the I-frame (step 3850), to determine
the message received from the patient station and provide an
appropriate response thereto (steps 3860 and 3870). For
this example, CPU 2412 is responding to the activation of
5 nurse call button 3250 of patient control unit 3210. The
initial response to the activation of the nurse control
button is to return a message frame to the patient station
to activate nurse call indicator 3222 of indicator assembly
3220 (shown in Fig. 9). In addition, the CPU prioritizes
10 the message frame utilizing the transition priority data of
the PATH field and then sends to the nurse control station
or stations connected in the group associated with the
patient station, a message frame including tone and display
data identifying the patient and the associated room number
(steps 3880 and 3890). At this point, the station task is
15 completed and the CPU returns to the listen task. Manual
reset of the patient station by a responding staff member
deactivates indicator 3222 and clears the message from the
nurse control station display.

20 Referring once again to Fig. 9 patient station
2416 may also be connected to staff presence switch 3254,
indicator assembly 3220, code blue switch 3234 and/or
emergency code switch 3232. In the configuration shown,
staff presence switch 3254 is connected to patient station
2416 via data link 3256 and when properly activated provides
25 patient station 2416 with a signal indicative of the type of
staff member present in the patient's room. Once activated,
a message frame (e.g., an I-frame) is transferred to the CPU
and an appropriate response is returned to that particular
30 patient station, in a manner described above.

The responding frame from the CPU 2412 includes
information to cause the activation of an indicator in
indicator assembly 3220 which corresponds with the type of

1 staff member in the patient's room. To illustrate, if the
staff member entering the patient room is a registered nurse
(RN), that person would activate switch 3258 which in turn
would activate indicator 3224 of indicator assembly 3220 via
5 patient station 2416 and CPU 2412. If the staff member
entering the room is a licensed practical nurse (LPN), that
person would activate switch 3260 of staff presence switch
3254, which in turn would activate indicator 3226 of
indicator assembly 3220 via patient station 2416 and CPU
10 2412. If, on the other hand, the staff member entering the
room is an aide, then that person would activate switch 3262
of staff presence switch 3254, which in turn would activate
indicator 3228 of indicator assembly 3220. When the staff
member leaves the patient's room, the particular staff
15 member switch is deactivated so as to deactivate indicator
assembly 3220.

In the preferred embodiment, indicator assembly
3220 is a four lamp light fixture (e.g., a dome lamp) having
colored lenses associated with each lamp. The fixture is
20 secured or otherwise positioned on the wall outside the
patient's room, preferably above the doorway, to allow staff
members in the hallway to simply look at each indicator
assembly and determine the type of staff member in a
particular patient's room, if any. Alternatively, the
indicator assembly may be any known type sufficient to
25 provide staff members with an indication as to the type of
staff member in a patient's room, for example, the indicator
may be a LCD display which identifies the type and the name
of the staff member in the patient's room in response to
30 information provided to the system by the above described
staff locator system, described in more detail in commonly
assigned U.S. Application Serial No. 07/924,101, filed
August 3, 1992, which is a continuation-in-part of copending

U.S. Patent Application Serial No. 07/559,196, filed on July
1 27, 1990, the disclosure of which is incorporated herein by
reference.

Code blue switch 3234 and emergency code switch
3232 are connected to patient station 2416 via data links
5 3264 and 3266, respectively, as shown in Fig. 9, and are
provided to allow staff members to initiate code blue or
emergency responses directly from the patient's room. As
noted above, code blue and/or emergency code procedures may
also be initiated from nurse control station 2414.
10 Initiation of the code blue response procedure at a patient
station 2416 will result in the following occurrences.
Initially the code blue data signal received from the code
blue switch is stored in the patient station memory as a
message frame, in a manner described above. The
15 microprocessor 3512 (shown in Fig. 12) in the patient
station 2416 then waits to be polled from the zone
controller 2420 before transferring the data to the zone
controller. Once polled by zone controller 2420 the message
frame is transmitted to the zone controller and stored in
20 the S-RAM 2512 until the S-RAM is polled by CPU 2412. Once
the message frame is received within the CPU the message
frame is prioritized and the station task associated with
the data within the INFORMATION field of the message frame
is initiated.

25 An example of a station task performed by the CPU
in response to the activation of a code blue switch will be
described below. Initially CPU 2412 determines the message
type received from zone controller 2420. Next the CPU
performs whatever function is associated with the message,
30 in this example the message relates to the code blue
function. In response to the code blue function, the CPU
2412 sends to the particular patient station an I-frame

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which includes data to cause activation of particular
1 peripheral equipment as well as devices within the patient
station 2416, e.g., a tone code and an indicator assembly
activation code. Next CPU 2412 determines which staff
5 station or stations 2418 and which nurse control station or
stations 2414 are grouped with the subject patient station
2416. Thereafter, CPU 2412 sends to each associated staff
station an I-frame including message data to display "code
blue" on staff station display 2422 of staff station 2418.
10 Next CPU 2412 sends a message to the ZIA 3022, shown in Fig.
7, to activate the proper indicator associated with the
patient station group in a manner similar to that described
above with reference to fail safe bus 3020.

The CPU 2412 then sends an I-frame to each nurse
control station grouped with the patient station to display
15 the room number and identity of the patient subject to the
code blue function, on the display of the nurse control
station. The CPU 2412 then sends to the nurse control
station an I-frame including appropriate control signals
associated with the patient station message. Once the above
20 steps are accomplished the station task is completed and the
CPU 2412 returns to the listen task.

The system of the present invention may also be
configured to monitor medical equipment being used to treat
the patient (i.e., bedside equipment). Such bedside
25 equipment may be connected to communication port 3534 (shown
in Fig. 12) of patient station 2416. In instances where the
serial data from the bedside equipment is not configured for
RS-485 protocol, serial data converter 2520 (shown in Fig.
30 2) may be interconnected between serial port 3854 of patient
station 2416 and the serial port of the bedside equipment.
Typically, the serial port of the bedside equipment is
configured to operate with RS-232 protocol, thus, serial

data converter 2520 would be an RS-485 to RS-232 converter
1 which is known in the art.

Examples of the above described bedside equipment
are shown in Figs. 9. As shown, a heart rate monitor 3280
is connected to patient station 2416 via data link 3282,
5 which as noted above is operatively connected to nurse
control station 2414 via zone controller 2420 and CPU 2412.
The patient station (acting as a master station) polls heart
rate monitor 3280 (operating as a slave station) to verify
that the patients heart rate falls within the proper range
10 as determined by the monitor. The zone controller
periodically polls patient station 2416, as described above
for an S-frame or an I-frame message frame. Typically with
respect to this example, if no fault is detected the patient
station will respond to the polling of the zone controller
15 with an S-frame indicating proper operation of heart rate
monitor 3280. However, a fault detected in monitor 3280
will be stored in RAM 3518 of patient station circuitry 3510
(shown in Fig. 12) along with the appropriate field data in
the form of an I-frame, and the I-frame is transferred to
20 zone controller 2420 and CPU 2412 in a manner described
above. The CPU then analyzes the I-frame and an appropriate
alarm sequence is initiated to notify staff members at nurse
control station 2414 of the detected fault.

As another example, an intravenous (IV) pump 3284
25 is connected to patient station 2416 via data link 3286,
which as noted above is operatively connected to nurse
control station 2414, via zone controller 2420 and CPU 2412.
In this example, the IV pump is periodically monitored by
patient station 2416 to ensure the flow rate of the pump is
30 appropriate. If a failure is detected, a message frame
including the error message is transferred to CPU 2412 in a
manner set forth above. The CPU then initiates an

appropriate alarm sequence, such as displaying a message on
1 the monitor of nurse control station 2414, that the IV
container is empty and needs to be changed. It should be
noted, that numerous other types of bedside equipment may be
monitored by the system of the present invention, including
5 respirators and heart monitors.

Transmitter 3290 is hardwired to the bedside
equipment, e.g., heart rate monitor 3280, and is provided to
enable a central computer system to determine what room or
other area of the health care facility the bedside equipment
10 is located and to transmit operation data generated by the
bedside equipment, such as status data or other data
associated with the operation of the equipment. In this
configuration, transmitter 3290 transmits an identification
signal and the operation data to an IR transceiver which is
15 in communication with the central computer through a network
server as described in Application Serial No. 07/924,101.
The central computer determines which transceiver received
the identification signal of the bedside equipment and
transfers the location data of the equipment and the
20 operation data to CPU 2412 via data link 2728 (shown in Fig.
4). Transmitter 3290 may be a radio frequency transmitter
operating at a frequency of approximately 300 MHz, which are
available from Dallas Semiconductor, Inc.

25

STAFF STATION

Referring again to Fig. 1, staff station 2418 is
similar in design to patient station 2416. In the preferred
embodiment, staff station 2418 may be configured, in the
initial system configuration setup, to operate in a "duty"
30 mode or a "staff" mode. In the "duty" mode staff station
2418 provides patient call indications on staff station
display 2422, as well as facilitating communication with

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nurse control station 2414. In the "staff" mode staff
1 station 2418 facilitates communication with nurse control
station 2414.

Fig. 16 illustrates hardware configurations for
the staff station circuitry 3910 installed within staff
5 station 2418. The staff station circuitry 3910 includes
microprocessor 3912, such as model 64180 manufactured by
Motorola operating at a frequency of 12.888 MHz. via crystal
3914, 96 Kbytes of memory 3916 (e.g., 64 Kbytes of flash ROM
and 32 Kbytes of RAM) having stored programs, e.g., system
10 and application programs. In this exemplary configuration,
the data and address buses of the microprocessor are
connected to the memory, e.g., RAM 3918 and an EPROM 3920.
Memory decoder 3922 is utilized to select between RAM 3918
and EPROM 3920 in response to a particular address on the
15 address bus. The address bus is also connected to a pair of
latches 3924 and 3926 which interface the microprocessor to
status indicators, the fail safe bus (FSB), the audio
control circuitry, and to switches and other peripheral
equipment connected to the staff station, as shown. In
20 addition, I/O decoder 3928 is utilized to select between
either latch in response to a particular address on the
address bus. Incoming signals from the above noted
peripheral equipment are received by buffer 3930 and then
transferred to the data-bus upon being enabled by I/O
25 decoder 3928.

Utilizing the preferred microprocessor (i.e., the
Motorola 64180), serial communication between the zone
controller and the microprocessor may be accomplished
through asynchronous serial communication port 3932 which
30 is, preferably, configured to RS-485 protocol utilizing RS-
485 driver/receiver (RS-485 D/R) 3934 as shown.

Fig. 17 illustrates hardware configurations for
1 the audio portion 4010 of staff station 2418. As shown,
audio pair 4012 from an equipment panel (e.g., audio matrix
2510 shown in Fig. 2) is connected to the front end of audio
controller 4014. Preferably, the front end of audio
5 controller 4014 includes a coupled 600 ohm balanced
transformer 4016 which isolates the internal audio circuitry
of staff station 2418 from the external audio circuits.
Depending upon whether the audio signal is being received or
transmitted, the back end of audio controller 4014 directs
10 the audio signal to staff station speaker 4018 or directs
the audio signal from microphone 4020 to audio matrix 2510
via audio controller 4014.

Preferably, audio controller 4014 is a 34118 audio
controller manufactured by Motorola. Audio input signals
15 from audio matrix 2510 which pass through the audio
controller are directed to staff station speaker 4018 via
amplifier 4022. Audio generated by the staff station via
microphone 4020 is selectively transferred through audio
controller 4014 onto the audio pair as shown. Mute switch
20 4024 may be provided to allow a staff member to manually
short out the microphone so as to prevent audio signals from
being generated at the patient station.

SYSTEM FUNCTIONS

25 The patient care and communication system of the
present invention may be programmed to perform numerous
operations associated with patient care and communications
within a hospital or other health care facility. The
30 following functions are exemplary of the numerous types of
features and the functional flow (or data exchange) between
the different stations, the CPU and the zone controller

utilize the above described preferred master/slave
1 communication link.

a. Call Priority

Message frames usually in the form of an I-frame
originated by a nurse control station, a patient station
5 and/or a staff station are interpreted by CPU 2412 and
assigned a priority level based upon the type of message
frame received (i.e., the DTYPE field of the INFORMATION
field contains the message type which corresponds to the
priority level that will be assigned to the frame). In
10 addition, the message associated with the TEXT field of the
message frame is displayed on nurse control station display
3272 of a nurse control station 2414 in order of priority
level. The priority levels are preprogrammed during the
initial set-up of the system configuration, but may be
15 altered by staff members at nurse control station 2414 via
keyboard 3236 or direct select keys 3274 (shown in Fig. 9).
The highest priority call will be displayed first and other
calls will follow in descending order according to the
priority level.

20 Preferably, each call originated has specific
audible and visual signaling based on the call priority
level which are distributed to the necessary nurse control
stations, zone indicator assembly, patient stations and/or
staff stations via CPU 2412 and their respective zone
25 controller. Figs. 18-20 represent tables illustrating
exemplary embodiments of call priority levels, their
associated visual and tone indications which are generated
at either the nurse control station, the patient station
and/or the staff station. Fig. 18 illustrates the preferred
30 visual display which appear on nurse control station display
3272 and the tones generated at speaker 3238 (shown in Fig.
9) in response to the various priority levels. For example,

in response to the activation of code blue switch 3234
1 (shown in Fig. 9) CPU 2412 will transmit to nurse control
station 2414 a message frame instructing the nurse control
station to display on the nurse control station display 3272
a flashing arrow directed at a direct select key 3274 to
5 indicate which key will enable the staff member to connect
the audio of the nurse control station to the audio of the
patient station and respond to the call. The arrow will
flash at a rate of approximately 120 pulses per minute
(PPM). In addition, the room number and bed number
10 associated with the patient station to which the code blue
switch is connected and the "CODE BLUE" message will be
displayed on nurse control station display 3272. An audible
tone at the rate of 120 PPM will also be generated at
speaker 3238 of nurse control station 2414.

15 The preferred response at patient station 2416,
shown in Fig. 19, to the activation of the code blue switch
will be to pulse a station call and bed call placement LED
indicators (not shown), which may be positioned on the front
panel of patient station 2416, at a rate of 120 PPM, and to
20 pulse a code blue indicator of the corresponding group
indicator assembly 3024 via ZIA 3022 (shown in Fig. 7) at a
rate of 120 PPM.

The preferred response at staff station 2418,
shown in Fig. 20, to the activation of the code blue switch
25 will be to pulse an incoming call LED indicator which may be
positioned on the front panel of staff station 2418, at a
rate of 120 PPM, to display on staff station display 2422
(shown in Fig. 1) the room and bed number associated with
the patient station to which code blue switch 3234 is
30 connected and to display the "CODE BLUE" message; to pulse a
blue indicator of the corresponding group indicator assembly
3024 via ZIA 3022, at a rate of 120 PPM; and to generate an

audible tone at the rate of 120 PPM at speaker 4018 of staff
1 station 2418 (shown in Fig. 1).

b. Nurse Follow

The nurse follow feature allows a staff member to
5 selectively direct incoming calls to a particular nurse
control station to selected patient stations and/or staff
stations. To illustrate, this feature may allow the staff
member to program the nurse control station to distribute
incoming calls to a single patient station, to patient
10 stations where particular staff members have activated
respective staff presence switches (e.g., switch 3254, shown
in Fig. 9) and/or to all patient or staff stations assigned
to the group associated with the particular nurse control
station. Thus, when a staff member is required to leave the
15 area of a nurse control station, incoming calls to the nurse
control station can be routed to locations where appropriate
staff members can respond to the call.

In operation, a staff member attending nurse
control station 2414 may utilize direct select keys 3274
20 (shown in Fig. 9) in response to menu driven prompts to
configure the system to operate in the nurse follow mode.
In the nurse follow mode, calls which are directed to the
nurse control station 2414 via CPU 2412 and corresponding
zone controllers 2420 will automatically be routed to the
25 station or stations selected by the staff members or to
stations in locations where that staff member or other staff
members are determined to be present by staff locator system
2428 (shown in Fig. 4 and described in U.S. Application
Serial No. 07/924,101).

30 For example, if the staff member selects the nurse
follow feature which routes incoming calls to patient
stations where the RN switch 3258 of staff presence switch

3254 (shown in Fig. 9) has been activated, CPU 2412 will

1 direct the incoming call to the nurse control station to any
room in the group where switch 3258 of staff presence switch
3254 has been activated.

5 As another example, CPU 2412 of the patient care
and communication system interacts with the central computer
system of staff locator system 2428, shown in Fig. 4. In
this configuration, the identification badges are in
communication with the central computer system in a manner
described in Application Serial No. 07/924,101, which is
10 incorporated herein by reference. In particular, Figs. 4
and 17c of that application, show the identification badge
1111, which is worn by the staff member, continually
transmits the identification signal (of the staff member)
and the central computer system continually monitors the
15 identification signal to update the location of the badge
(and the staff member). The location information of the
staff member is transferred to CPU 2412 via data link 2726
(shown in Fig. 4) which may be any known type of
communication link utilized to facilitate communication
20 between computer systems. Therefore, when a call is
directed to a nurse control station 2414 programmed to
operate in the nurse follow mode, CPU 2412 will route the
incoming call to a station (either 2416 or 2418) positioned
nearest the detected location of the staff member. In an
25 alternative embodiment, a staff member attending the nurse
control station may want to route incoming calls to
locations of other staff members. In this embodiment, the
nurse control station can be programmed in the nurse follow
mode to route the incoming calls intended for nurse control
30 station 2414, to stations where the other staff members have
been detected by the staff locator system.

c. Voice Paging

1 The voice page feature allows staff members to
communicate to selected patient and/or staff stations from
the nurse control station. To illustrate, this feature
allows a staff member to communicate to all staff members
5 who have activated staff presence switches associated with
the nurse control station (i.e., within the same group) and
all staff members in areas where staff stations are located.
Fig. 21 illustrates an exemplary operational flow for the
voice paging feature of the present invention. Initially,
10 the staff member desiring to page all staff members within
the assigned group, programs nurse control station 2414 via
direct select keys 3274 (shown in Fig. 9) which activate
menu driven functions (step 4410). The menu driven
instructions from the nurse control station are then
15 transferred to the CPU via zone controller 2420 in a manner
described above (step 4420). The CPU analyzes the
instructions, e.g., determines the identification of the
patient and/or staff stations and their associated zone
controllers and the CPU performs the function associated
20 with the received message frame (step 4430, 4440, and 4450).
Thereafter, the CPU causes the audio connection between each
station and the nurse control station and notifies the
paging staff member to begin talking (steps 4460 and 4470).

25 Alternatively, the voice paging feature may
utilize staff locator system 2428, shown in Fig. 4 to
determine the location of a staff member or members so that
the staff member attending nurse control station 2414 may
communicate with the patient and/or staff stations nearest
to each staff member or members being paged.

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d. Room Monitoring

1 The room monitoring feature allows staff members
attending a nurse control station 2414 to activate the audio
system of either a selected number of patient stations 2416
or to manually step or automatically scan through each
5 patient station 2416 in each room associated with the
station grouping, described above, in a predetermined order
for a predetermined period of time so as to activate
microphone 3520 of patient station 2416, enabling staff
members to listen for sounds of distress or other
10 uncharacteristic noises so as to check on the well being of
a patient or patients. Preferably, the predetermined order
for monitoring rooms is from the lowest room number to the
highest and the predetermined period of time is
approximately ten seconds. In operation, the staff member
15 attending nurse control station 2414 configures the system
for automatic room monitoring by depressing direct select
keys 3274 of nurse control station display 3272 in response
to menu driven prompts. Once configured for automatic
monitoring, CPU 2412 sends a message frame to each patient
20 station in the above noted order to activate microphone 3620
(shown in Fig. 13) of audio circuitry 3610, via audio
controller 3614, for a period of ten seconds to allow the
attending staff member to listen for distress noises and
other uncharacteristic noises.
25

DIAGNOSTICS

The system of the present invention also provides
diagnostic features which continuously monitor system
components. As noted above, system faults are communicated
30 to the nurse control station and/or to the staff station and
added to the problem report. Hard and/or soft copies of the
problem report may be obtained from printer 2724 and/or

external computer 2722 (shown in Fig. 4) or the problem
1 report may be displayed on nurse control station display
3272 when the "problem reports" feature is selected by
direct select keys 3274 shown in Fig. 9.

In addition, the operation of selected periphery
5 devices in the patient's room are continuously monitored and
any failures are brought to the attention of the staff
member at a nurse control station within the group. For
example, the wiring to code blue switch 3234, the smoke
alarm and/or the nurse call button 3250 on patient control
10 unit 3210 may be monitored for damaged to the wires between
such periphery devices and patient station 2416.

Fig. 22 shows the hardware components for patient
control unit 3210 which is connected to patient station
2416. Preferably, the wiring is tested by microprocessor
15 3512 (shown in Fig. 12) activated signals in combination
with the wire test circuitry 4510. Wire test circuit 4510
includes resistor 4512 and field effect transistor (FET)
4514 which are connected between call wire 4516 and nurse
call wire 4518, as shown. In this configuration,
20 microprocessor circuitry 3510 of patient station 2416, shown
in Fig. 12, periodically turns on FET 4514 via call wire
4516 therefore completing the ground path connecting call
wire 4516 and nurse call wire 4518. Microprocessor 3512
then interrogates nurse call wire 4518 via buffer 3530
25 (shown in Fig. 12) in response to microprocessor driven
instructions, so as to perform a continuity check of the
nurse call feature of patient control unit 3210.
Preferably, the period between each wire test is two
seconds. Wire test circuit 4510 may be utilized to perform
30 wire tests between any periphery equipment and the processor
associated with the station to which the peripheral
equipment is connected. In the event the continuity check

1 fails, a failure alarm sequence is initiated to notify staff
members of the wire failure and which wire in which
periphery device has failed.

5 The patient care and communication system of the
present invention also includes external diagnostic device
2570 connected to serial data converter 2520, as shown in
Fig. 2. Preferably, external diagnostic device 2570 is a
modem provided to facilitate external diagnostics of the
patient care and communication system of the present
invention, via converter 2520 and zone controller 2560.
10 External diagnostic device 2570 allows a technician or other
service personnel to remotely verify and update the
configuration of the system in a manner similar to that
performed by staff members attending a nurse control
station. In addition, the external diagnostic device 2570
15 allows the technician or other service personnel to view the
system problem report which, as noted above, includes
information as to which stations or equipment are not
operational.

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STATIONS WITH PBX TELEPHONE INTERFACE

An alternative embodiment for the system
configuration is shown in Figs. 23 and 24. In this
embodiment a private-branch exchange (PBX) 2430 is connected
to nurse control stations 2414, patient stations 2416 and
25 staff stations 2418 for providing staff-to-staff, staff-to-
patient and/or external telephone communications for the
hospital environment. The PBX 2430 also connects to a
plurality of telephones throughout the facility and to or
from external telephone lines of the telephone local
30 exchange or central office. The components of a PBX for
processing data and controlling the telephone operations are
well known. The PBX according to the present invention

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includes a processor, associated memory and stored programs.
1 The preferred PBX according to the present invention is the
IDS-228, manufactured by EXECUTONE Information Systems, Inc.
Each station is provided with a PBX interface which
facilitates PBX telephone or voice communications
5 therebetween. System data communications are accomplished
in a manner described above utilizing zone controllers 2420
and the above described protocol.

Fig. 25 is a circuit block diagram of the patient
station 2416 according to the alternative embodiment, which
10 includes a telephone circuit 4610, which in turn connects to
the PBX 2430. The patient station further includes a
receiver unit 4800 for sensing or receiving signals
transmitted from the portable badges. As shown, the patient
station 2416 is a microprocessor controlled interface having
15 similar system data communications as the patient station
described above with reference to Figs. 4, 9 and 12-14b.
Further, the telephone circuit 4610 facilitates telephone
communication between a patient via patient station control
unit 3210, shown in Fig. 23, and the internal and external
20 telephone systems via PBX 2430, shown in Fig. 24.

According to the alternative embodiment, the
receiver unit 4800 receives wireless electromagnetic
transmissions, preferably infrared and frequency modulated
(FM), from a portable transmitter. The transmissions from
25 the portable transmitter include transmitter ID signals.
The receiver in turn forwards an information packet
including the received transmitter ID signals to the central
processing unit 2412 which determines the identity and
location of the transmitter. The information packet from
30 the receiver 4800 is preferably forwarded to the central
processing unit 2412 through zone controller 2420.
Alternatively, the information packet is forwarded to the

PBX 2430 through telephone circuit 4610. According to the
1 alternative embodiment of the present invention, the PBX
2430 is capable of processing the information packet from
the receiver 4800 to determine the identity and location of
the transmitter, both independently from or as a shared
5 resource of the central processing unit 2412. Of course,
the information packet from the receiver 4800 may be
forwarded to the central processing unit 2412 via the PBX
2430 or vice versa.

Typically, telephone voice and data communication
10 between each station and the PBX 2430 is in the form of
message frames which are divided into fields, e.g., a data
field and a control field. As an example, the data field
associated with voice data to the station is approximately
64 kilobits in length and the control field is approximately
15 2 kilobits in length. The control field includes a sync bit
for synchronizing communications between the telephone and
the PBX. The preferred transmission rate for data is 19.2
kilobits per second.

According to the alternative embodiment, a robbed
20 bit signaling technique is utilized for transferring data
from the patient, staff or nurse control station to the PBX.
For example, utilizing this technique, one bit within every
fourth transmission of the voice/data stream is utilized for
the transmission of the system data. Thus the effective
25 data transmission rate of the control data is approximately
2 kilobits per second.

Figs. 26-28 illustrate typical system timing and
format diagrams for the communication of data frames between
the stations of the present invention and the PBX 2430. As
30 shown in Fig. 26, the data transmitted from the
microprocessor or microcontroller (hereinafter identified as
"microprocessor") within each station is configured in a 16

1 bit parallel data word on the microprocessor data bus, which
is preferably framed by one (1) start bit and seven (7) stop
bits. Communications with the PBX system, on the other
hand, are in a serial mode, therefore, the 16 bit parallel
5 data word is converted to a serial data stream in the
telephone circuit within each station, via parallel-to-
serial converter 4620, shown in Fig. 25. In addition, a
synchronization bit (sync bit) is added into each
microprocessor data frame to maintain clock alignment
between the PBX and the station.

10 Preferably, telephone voice transmissions between
the PBX and the telephone are in the PCM format which may
utilize the primary, secondary or both channels. As shown
in Fig. 25, PCM CODEC 4630 compresses the voice information
into PCM format. Transmitter conditioner 4640 amplifies and
15 modulates each frame for transmission to the PBX 2430. The
primary channel is preferably a 64 kilobits channel used to
transfer control information to and from peripheral devices
(e.g., the PBX), a synchronization bit for the hardware, and
the voice signal. The secondary channel is also a 64
20 kilobit channel which is utilized to transfer EIA data and
controls for serial communications, such as for RS-232
applications.

Figs. 27 and 28 illustrate exemplary message frame
formats and timing in an expanded form for telephone voice
25 and data information between each station and the PBX. As
shown in Fig. 27, data from the microprocessor is in a 16
bit parallel format and is framed by one start bit and seven
stop bits to form the microprocessor (uP) data frame, where
each uP data frame is approximately 8ms in length.
30 Telephone voice, data and information packet including
transmitter ID from microprocessor 3510, shown in Fig. 25,
is then converted to a serial data bit stream via parallel-

to-serial converter 4620 which then transfers the serial
1 signal to transmitter conditioner 4640. Transmitter
conditioner 4640 amplifies and modulates the PCM signal for
transmission to the PBX 2430 via the 4-pair telephone wire.

An exemplary embodiment of the format and timing
5 of data transmitted from the PBX to a telephone, patient
station, staff station or nurse control station is shown in
Fig. 28. Return telephone voice and data information, e.g.,
data to notify a called party who called, is generated in
the PBX and is formatted into an 8 bit PBX data frame of
10 approximately 8 ms. in length (i.e., 1 ms/bit). Two of the
eight bits are designated as auxiliary. A sync frame is
then added into each bit portion of the PBX data frame and
the resultant signal is conditioned for PCM transmission to
a station, e.g., either nurse control station 2414, patient
15 station 2415 and/or staff station 2418.

Referring again to Fig. 25, the PCM signal
received at a station from PBX 2430 is processed through a
waveshaper and conditioner 4650. The waveshaper and
conditioner 4650 converts the received signals from the PCM
20 format to a serial digital format, recovers the
synchronization clock to sync the timing via phase-locked
loop 4670, and recaptures the telephone voice and data
information. Data retrieved by the receiver waveshaping and
conditioning 4650 is transferred to serial-to-parallel
25 converter 4660 which converts the data from a serial format
to a parallel format for interaction with microprocessor
3512 and PCM CODEC 4630. PCM CODEC 4630 decodes the digital
voice information for subsequent transmission of analog
voice information to control unit 3210 for broadcast through
30 speaker 4720, shown in Fig. 29.

According to the alternative embodiment, infrared
sensitive photodiodes 4810 of receiver 4800 senses infrared

transmissions from an infrared transmitter and converts the
1 infrared signals to electrical signals. Waveshaper and
conditioner 4820 conditions and amplifies the electrical
signals and FM receiver 4830 demodulates the data for the
carrier signal and serially transfers the received data to
5 an I/O port of microprocessor 3512. According to the
alternative embodiment of the invention, the receiver 4800
is capable of receiving infrared transmissions from portable
transmitters at a distance of around 30 feet or greater from
the station. Microprocessor 3512 receives the serial data
10 from the FM receiver 4830 and extracts the transmitter ID
information. The extracted information is reformatted and
forwarded in an information packet to the PBX 2430 or the
central processing unit 2412 for further processing and
location determination.

15 Figs. 33-38 show the components of an exemplary
wireless electromagnetic transmitter, such as an infrared
transmitter, which may be incorporated into a badge unit
5110, as well as various other known portable mediums, and a
personnel or patient card 5200. The badge units are
20 preferably adapted to be worn by staff members and/or
patients within a health care facility using clip 5120, or
adapted to be releasably attached to stationary or mobile
devices or equipment using a suitable adhesive, identified
as 5130, or like mediums such as VELCRO®. In instances
25 where the transmitters are attached to devices or equipment,
the transmitter permits tracking of such devices so as to
permit staff members to easily determine the location of the
device for retrieval and allow the badges to transmit
information regarding the status of the equipment, such as
30 on/off status. The badge unit includes a microcontroller
4900 for controlling the operations of the badge and a
transmitter 4910 for transmitting signals to a plurality of

receivers. The microcontroller 4900 is preferably a single
1 integrated circuit chip which includes a processor and RAM
and ROM memory.

Preferably, the transmitter is enclosed in a
housing which is shaped and sized like an ordinary credit
5 card or smaller. Figures 34-36 illustrate the side, top and
bottom views, respectively, of the badge housing. The
housing 5140, as shown, is approximately 3.8 inches in
length, 2.27 inches in width and .39 inches in thickness.
The housing 5140 includes a slot 5150 which is configured to
10 receive personnel card 5200 shown in Figs. 37 and 38. Badge
unit 5110 also includes electrical contacts 5160 which are
connected to microcontroller 4900 of badge unit 5110 as
shown in Fig. 33. Contacts 5160 are provided to engage
corresponding contacts 5220 on the personnel card 5200 for
15 data communications therebetween, as will be described in
more detail below. A more detailed description of the badge
unit is described in commonly assigned U.S. Patent
Application Serial No. 08/087,394, filed July 2, 1993 which
is incorporated herein by reference.

20 The ROM memory may be of the programmable type and
stores software programs for operating the badge. These
programs include: programs for controlling the transmitter
4910; for monitoring operational parameters; and for
interfacing with external devices. The RAM memory includes
25 a database for storing information including an
identification code of the badge and operational parameters
which are retrieved and monitored by the processor for
operating the badge unit. The database may further include
information regarding the person associated with the badge,
30 e.g., medicine which the person is allergic to. The
database may also include information relating to an

1 associated object, e.g., medical equipment and its operating parameters or data.

Functions associated with the processor include: logical and arithmetic operations and coordination of data transfer to and from the microcontroller 4900. In the
5 preferred embodiment, the processor also performs a fail safe function which periodically transmits a message to the central processing unit 2412 via patient station 2416 and PBX 2430. The periodic message, e.g., a fail safe code, is
10 provided to inform the central processing unit 2412 that the badge is operational. Thus, if the message is not received from the badge unit, the central processing unit 2412 determines that either the badge unit has malfunctioned or that the badge unit is not within the operational confines of the system of the present invention, e.g., a staff member
15 has left the hospital environment. The identification code of the badge may be utilized as the fail safe code which is periodically transmitted.

A microcontroller such as the PIC®16C5X manufactured by Microchip Technology, Inc. is used in the
20 preferred embodiment of the present invention. It is apparent to one skilled in the art that any microcontroller having equivalent performance characteristics and similar in size may also be used.

An edge connector 4920, shown in Fig. 36,
25 facilitates interfacing to the components of the badge from an external device, such as diagnostic medical equipment; (not shown). The edge connector 4920 preferably has four connections which include a "Bidirect I/O" connection to an
30 input/output port of the microcontroller 4900 for bidirectional communication with the microcontroller 4900. Data can be written into or read out of the microcontroller memory by the external device ("the Base") through this

connection. The Base preferably includes processing,
1 storage and interfacing capabilities for communicating with
and transferring information between the Base and the badge.
A standard serial interface protocol such as RS232 may be
5 used for such communications. In instances where the badge
unit is connected to a medical device, such as a heart
monitor, connector 4920 is connected to the serial port of
the heart monitor and status data, e.g., the heart rate of
the patient being monitored, of the heart monitor is
10 transferred to microcontroller 4900 and then transmitted via
transmitter 4910 to the patient station receiver described
above, or to an independent wireless receiver which will be
described hereinbelow.

Another connection associated with edge connector
4920 is an "In-Base" connection which is monitored by the
15 microcontroller 4900. An active signal at the "In-Base"
input indicates that the microcontroller is to relinquish
control to the external device. The badge according to the
present invention is powered by a battery, which preferably
is made of lithium. Other battery designs such as NICAD
20 (nickel cadmium) rechargeable type or solar cell may also be
used. The charge battery LED indicator 4950 provides a
visual indication of the charge status of the battery. The
charge battery circuitry may also be connected to
25 microcontroller 4900, as shown in Fig. 33, so that the
microcontroller can transfer the battery charge status
information to the patient station via transmitter 4910.
Alternatively, microcontroller 4900 may include a software
counter which counts the number of transmissions from
30 transmitter 4910 to determine the battery charge status of
the badge. After a predetermined number of transmissions,
microcontroller 4900 transmits to the patient station the
battery charge status information, e.g., the battery power

1 is low. Preferably, the predetermined number of
transmissions is based on the average power used per
transmission and the statistical life of the battery.

5 Another input of the edge connector 4920 may be
used to recharge the battery. The fourth connection of the
edge connector 4920 is a spare input/output. The badge
includes a light sensitive LED 4930 for providing wireless
means for inputting data to the microcontroller 4900 by
serially strobing data with a light source into the
microcontroller 4900.

10 An oscillator 4940 is connected to the
microcontroller 4900 for providing an oscillation signal,
which in turn generates a clock signal for clocking or
timing purposes. In the preferred embodiment, the
oscillator 4940 includes a resistor/capacitor combination
15 for providing a clock which operates at a frequency of
around 455 kilohertz. Due to variations in the tolerances
of the resistor/capacitor combination, the clock rate for
each badge unit will vary from one badge to another
substantially around 455 kilohertz. The microcontroller
20 4900 includes a prescaler for providing time and clock
signals.

A mode select switch 4960, preferably a normally
open pushbutton switch, facilitates manual communication to
the microcontroller 4900 for functions such as mode select
25 or transmission of a preselected message. Typically, the
function selected is dependant upon the number and sequence
of button pushes. Examples for the modes of operation
include: "erase memory" for erasing the contents of the RAM
memory; "turn-off transmitter" for disabling any
30 transmission from the badge; "card reinsertion" for turning
off the badge when the personnel card is removed until a
card is reinserted; "ID code change" for changing the ID

1 code to a special preselected code to signal an abnormal
condition; and "disable counters" mode, which overrides
parameter operations for turning off or disabling the badge
and maintains badge operations.

5 Badge units which are worn by patients or
releasably affixed to a structure which is proximal to the
patient as shown in Fig. 39, may include a patient select
switch or member 4970 shown in Fig. 36 which facilitates
10 patient control of the environmental facilities within the
patient's room and the nurse call function. Preferably, the
patient select switch is a normally open pushbutton switch
which controls such environmental facilities or the nurse
call function via transmitter 4910 of the patient station
2416 and CPU 2412 utilizing the communication techniques
15 described above. Such environmental facilities include, for
example, the television 5310, radio, draperies, thermostat
5320 or the room lighting. Selection and control of a
particular environmental facility or the nurse control
function is dependant upon the number and sequence of button
20 pushes. Data transmissions between the badge unit and the
patient station is similar to the infrared data
transmissions described above.

In an alternative embodiment shown in Figs. 39 and
40, the badge unit may interface with an independent
25 wireless electromagnetic receiver, preferably infrared
receiver 5330. In one embodiment, each wireless receiver is
located within the patient room and connected to a
controller 5370 which responds to control data received from
receiver 5330 to control the environmental facilities. In
30 another embodiment, each wireless receiver is connected to
either the central processing unit 2412 through zone
controller 2420 or to the PBX 2430. In this embodiment,
central processing unit 2412 or PBX 2430 will respond to the

control data in a similar manner as controller 5370 and
1 communications between the independent receiver and the
central processing unit 2412 or the PBX 2430 is similar to
the above described communications relating to receiver
4800, shown in Figs. 23 and 25. As shown in Fig. 40,
5 infrared light sensitive diode array 5340 receives infrared
signals, preferably frequency modulated infrared signals,
transmitted from badge units 5140 within approximately 30
feet of the receiver. Waveshaping and amplifier network
5350 conditions and amplifies the signals generated by the
10 diode array 5340. FM receiver 5360 demodulates the control
data from the carrier signal and serially transfers the
received control data to controller 5370.

Referring to Fig. 40, each independent infrared
15 receiver 5330 is connected to a controller 5370 having a
processor, memory and stored programs. Controller 5370
receives the serial data from FM receiver 5360 and extracts
the badge control data, e.g., the number and sequence of
button pushes of the patient select switch 4970. The
20 extracted control data is processed by controller 5370 to
determine which environmental facility is being selected and
which control function is to be performed. Preferably, each
environmental facility is assigned an identification code
which is stored in the memory of the controller. In this
25 configuration, when control data is received by the
controller, the controller determines which identification
code has been received to select the desired environmental
facility. For example, if the controller determines that
the television has been selected, the controller may then be
30 instructed to turn the television on or off, to change the
channel or to increase or decrease the volume. A more
detailed description of the FM infrared receiver and its

operation is described in U.S. Patent No. 4,977,519 to J. Crimmins, which is incorporated by reference.

Referring to Fig. 41, an alternative embodiment of the patient room configuration of Fig. 39 is shown. In this embodiment, all devices which were connected by wires, e.g., the patient station 2416 and thermostat 5320 shown in Fig. 39, except the ceiling wireless receiver 5330, have been made wireless and portable. All functions performed by the devices within the room as shown in Fig. 39 are performed by the wireless units. The wiring installation of the system as shown in Fig. 41, simply requires the wiring installation of wireless receiver 5330 within each patient room, connecting the wireless receiver to a central computer, controller or to the PBX. Generally, previously wired devices for controlling the environment are replaced with a unit with an integral transmitter. For example, thermostat 5320 includes a wireless transmitter 5322. Thermostat 5320 measures the ambient temperature within the room and transmits the temperature data to receiver 5330 via transmitter 5322. In addition, the patient may control other environmental facilities within the room, e.g., a television, via badge 5140 as described above. As shown in Fig. 41, the thermostat 5320 and the badge 5140 are placed on a night stand within the room and proximal to the patient.

The functions of the patient station 2416 and pillow speaker 3210 may be performed by an enhanced badge unit having components as shown in Fig. 42. The enhanced badge unit includes voice and display communication controls for communicating information previously performed by the patient station 2416 and pillow speaker 3210. The enhanced badge unit includes all the operations previously described for the badge unit and further includes: a wireless

receiver, e.g., an infrared receiver 5410 for receiving
1 information; a card reader 5420 for reading information
stored in the personnel card; a voice circuit 5430 for
receiving voice signals from speaker 5440 and for
translating digital signals to audio signals received from
5 microphone 5450; a keypad 5460 for keypad entry of data; a
display 5470 for displaying information such as data entered
from the keypad 5460 or data received from the receiver
5410; and a membrane switch (not shown) for special
designated functions such as an emergency call or sending a
10 selected message. A more detailed description of the
enhanced badge unit is described in U.S. Patent Application
Serial No. 08/087,394, filed July 2, 1993 which is
incorporated herein by reference.

An exemplary personnel or patient card 5200 is
15 shown in Figs. 37 and 38 and operates in a manner similar to
the personnel card shown and described in commonly assigned
U.S. Patent Application Serial No. 07/924,101, filed August
3, 1992 which is incorporated herein by reference. As
shown, the personnel card is configured and dimensioned for
20 insertion within the slot 5150 of the badge unit 5110, shown
in Fig. 35. The front surface of the card may include a
printed logo and other identification information.

The rear surface of the card includes an
identifier circuit 5210 which interfaces with
25 microcontroller 4900 of the badge unit to perform a lockout
function. The identifier circuit includes a ROM which has a
validation code stored therein and circuitry to read the
validation code from the ROM and transfer the data to
electrical contacts 5220. Such circuitry is known to those
30 skilled in the art. Preferably, the identifier circuit is
in the form of a single integrated circuit which is
preferably dimensioned at approximately .25 inches square

1 and between about 0.002 of an inch and about 0.004 of an
inch thick for mounting on the rear surface of the card.
Electrical contacts 5220 of card 5200 are connected to
5 identifier circuit 5210 so that when the card is inserted
into the badge unit slot 5150, contacts 5220 are engaged
with contacts 5160 of the badge unit. The identifier
circuit transfers a validation code to the microcontroller
4900 of the badge unit. Microcontroller 4900 then
10 determines whether the card validation code is valid so as
to activate the badge unit circuitry and permit the person
in possession of the card to use the badge unit. If the
microcontroller 4900 determines that the validation code is
improper or that no validation code is received, then
15 microcontroller 4900 will deactivate the badge unit
circuitry and prevent the person in possession of the card
from using the badge unit.

Fig. 29 is a circuit block diagram of the patient
control unit 3210. Patient control unit 3210 includes
telephone keypad 4710, speaker 4720 and microphone 4730,
20 which are connected to PCM CODEC 4630 in telephone circuit
4610 and provide telephone voice and data communications
between the patient stations and PBX 2430. The PCM CODEX
4630 may include a DTMF decoder for decoding DTMF tones from
the telephone keypad 4710.

25 Fig. 30 is a circuit block diagram of the nurse
control station 2414 which includes PBX interface or
telephone circuitry 4610 connected to microcontroller 3324,
keys 3328, speaker 3338, handset 3340 and microphone 3342 to
provide telephone communications between the nurse control
30 station and the other stations and/or to provide external
telephone communications. Staff stations 2418 include the
same components as shown in Figure 25 for the patient
stations 2416, except in the staff stations, the speaker

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1 4018, keypad 4019 and microphone 4020 for providing
telephone communications between the staff station and the
other stations and/or to provide external telephone
communications are integrated within the staff station.
5 Communications between the staff stations 2418 and the PBX
2430 are same as described for the patient stations 2416 and
are shown in Figures 26 to 28.

STATIONS USING A PBX FOR TELEPHONE
AND SYSTEM DATA COMMUNICATIONS

10 Another alternative embodiment for the system
configuration is shown in Fig. 31. In this embodiment
private-branch exchange (PBX) 2430 is connected to central
computer 5010, to nurse control stations 2414, patient
stations 2416 and staff stations 2418 and is provided to
15 facilitate system data communications as well as staff-to-
staff, staff-to-patient and/or external telephone
communications for the hospital environment.

Central computer 5010 provides standard control of
PBX 2430 such as processing telephone data received by the
20 PBX and providing the PBX with the connection information to
interconnect particular stations for voice communications.
For example, if a staff member attending a nurse control
station calls a patient station where another staff member
is attending to a patient, central processing unit 5010
25 processes the telephone data, e.g., patient station identity
of the called party, and provides the PBX with the necessary
information to interconnect the two stations. In addition,
central processing unit 5010 is utilized to process the
system data to perform system functions, e.g., the call
30 priority, nurse follow, voice paging and room monitoring
functions as previously described. The system data is

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preferably formatted in the following protocol by
1 microprocessor 3512:

ST; SYSTEM DATA; SP

5 where the ST field is a one byte start message field. The
SYSTEM DATA field is preferably between one and 16 bytes in
length and provides the PBX with the system data, e.g, code
blue data. The SP field is a one byte stop message field.

10 According to an alternate embodiment, the PBX 2430
includes capabilities to process the telephone data and
automatically connect the calling stations with the called
stations for telephone and/or data communications
independent of central processing unit 5010.

15 The PCM signal received at a station from PBX 2430
is then processed through a waveshaping and conditioning
network 4650, shown in Fig. 25. Network 4650 converts the
received signal from the PCM format to a serial digital
format, recovers the synchronization clock to sync the
20 timing via phase-locked loop 4670, and recaptures the
telephone voice and data information and the system data.
System Data is retrieved by the receiver waveshaping and
conditioning network 4650 using an alternate mark inversion
(AMI) conversion technique. The AMI conversion method
25 changes the level of the output signal for each positive
crossing of the zero line by the input signal, as shown in
Fig. 32.

It will be understood that various modifications
can be made to the embodiments of the present invention
30 herein disclosed without departing from the spirit and scope
thereof. For example, various system configurations are
contemplated, as well as various types of protocols utilized
to communicate between the numerous stations utilized within

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the system of the present invention. In addition, numerous
1 functions aside from those described herein may be
programmed and performed in the system of the present
invention. Therefore, the above description should not be
construed as limiting the invention but merely as
5 exemplifications of preferred embodiments thereof. Those
skilled in the art will envision other modifications within
the scope and spirit of the present invention as defined by
the claims appended hereto.

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